

*Pumpkin Hollow Retreat Center*

**Advanced Therapeutic Touch Invitational Workshop Application  
July 23 – 28, 2010**

Please fill out the questionnaire and e-mail to: [pumpkin@taconic.net](mailto:pumpkin@taconic.net)  
*Deadline for receipt of applications at Pumpkin Hollow: May 1, 2010.*

**Advanced Workshop Prerequisites:** Must have attended at least two previous Therapeutic Touch Workshops (at least one of which was Intermediate or Mentorship), and have three years experience in the practice and/or teaching of Therapeutic Touch.

FOR EVERYONE WHO HAS ATTENDED THE ADVANCED INVITATIONAL THREE TIMES OR MORE PLEASE COMPLETE ONLY SECTIONS 1 and 3

*Instructions: Fully answer the questions below to the best of your ability. The decision by Diane May – Director and Evy Cugelman – Facilitator, to accept your application to this workshop will be influenced by this written information. Please use additional pages if necessary.*

SECTION 1

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
Email \_\_\_\_\_ Fax \_\_\_\_\_  
Profession \_\_\_\_\_  
Professional License# \_\_\_\_\_ Licensing Body \_\_\_\_\_  
Social Security # (for CEU'S) \_\_\_\_\_  
Employer \_\_\_\_\_

Do you prefer to stay in:  
Pumpkin Hollow Housing  Camp out in own tent

SECTION 2

List previous Therapeutic Touch Workshops attended. Indicate instructors, the length of the workshop and whether it was Basic, Intermediate or Advanced level of study.

SECTION 3

What are your major learning objectives in attending this year's workshop?

Do you teach Therapeutic Touch \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, where and to whom?

Are you interested in making a short presentation to the group? \_\_\_ Yes \_\_\_ No  
If yes, what topic?

*Practitioners of Therapeutic Touch are invited to refer patients to the Invitational Healers Workshop by having them request a PATIENT APPLICATION FORM from Pumpkin Hollow.*