

Calling all Partners Workshop Participant Registration Form



Today's Date \_\_\_\_\_

**Name** \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Name** \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Duration of this relationship: \_\_\_\_\_

**Please share your combined responses to the following questions (this information will be held in strict confidence.)**

What are the most important goals for this relationship?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reasons for attending this workshop: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about this event? \_\_\_\_\_

**Bright Horse**  
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