

OR Scan/Email: info@DeCirkel.net

Speaking Circle® Facilitator Certification Training

This 3-month training starts with a 4-day intensive in person, 10 AM – 6 PM

| Requested Start Date: | Friday 25 May 2018 | Location: The Netherlands | |
|--|---|--|---------------|
| Name: | | | |
| Address: | | | |
| City: | State: | Postal code: | |
| Phone: | | | |
| Email: | | | |
| | it – minimum due with regist ent in full – due 30 days prior | | |
| Payment type: 🗖 Ir | nvoice (factuur) | | |
| | | ce prior to the training, we will refund 1 be responsible for the full fee. | 100% less a |
| Please answer these | e questions as extensively as y | you would like on a separate sheet: | |
| 1. What Speaking Ci | rcle® programs have you att | ended? (Include your prerequisites.) | |
| 2. What have you ga | nined from your participation | in SPEAKING CIRCLES? | |
| 3. What is your vision purpose/mission/g | | itor, and how does this fit into your owr | ı life |
| | ng SPEAKING CIRCLES, how o and professional life? | loes the capacity to be a masterful Facil | itator show |
| | ou the most when you read Lossene of Authentic Presenting | ee's book Be Heard Now!? and/or Jenne based on the SC method. | t's and Koos' |
| | | ctions above to complete your application our application has been accepted.) | on. |
| Postal Mail: Do Cirl | zol Puitorcama 68, 3002 R7 F | Jouton The Notherlands | |