



**APPALACHIAN GESTALT THERAPY INSTITUTE
70 Woodfin Place, Suite 110
ASHEVILLE, NORTH CAROLINA 28801**

REGISTRATION FORM

NAME: _____

ADDRESS: _____

PHONE/CELL: _____ **HOME:** _____ **EMAIL:** _____

Registration will be complete upon receipt of this form, a signed contract and payment. (If needed, please use extra paper. Include anything else you would like us to know on a separate page.)

- 1. What have been your most significant experiences of Gestalt therapy in your work and life? This may include your psychotherapy practice, reading, workshops, self-therapy, etc.**

- 2. Are you in gestalt psychotherapy now? How have you benefited?**

- 3. What do you want from the Gestalt training program during the 2018-19 year? This may include gaining knowledge and skills, personal growth, interactions with others, requests of the training faculty.**

- 4. What are your expectations of participating?**

AGTI Core Faculty

Nicholas Emmanuel, MA, LPC, LMFT, LMHC nemmanuel@frontier.com ;
Ernest A. McCoy, Ed.S,MSW, LCSW, emccoy@guilford.edu; Jack