



Confidential Application
2020
Transformational Intensive



Please List Your Full Contact Information

Name: _____ Date: _____

Business Name: _____

Street Address: _____ Mobile Phone: _____

City/Town: _____ Home Phone: _____

State: _____ Email: _____

Zip Code: _____ Alt Email: _____

Steps to Transformational Intensive with Aspen DeCew

- Step 1: Complete pages 1 - 5 of application and fax to CDQ, Inc.
- Step 2: Receive follow up phone call by Aspen after her review
- Step 3: Schedule Exploratory Session (part of application process)
- Step 4: Secure space in Transformational Intensive with deposit and signed agreement
- Step 5: Transformational Intensive begins with agreed upon start date.

1. Tell me about yourself in a brief synopsis of your life.

2. What area has posed your life's biggest challenges?
(health, financial, relationships, other)

3. Describe your life as it is right now.



4. What brought you to where you are now in your life?

5. How would you like your life to be different?

6. What specific patterns would you like to address?



7. What other things have you engaged in to address these areas of your life?
(therapy, personal development, healing modalities, spiritual practice, areas of study)

8. What has worked or not worked for you in previous modalities and why?

9. What are you hoping you will gain as a result of the three month Transformational Intensive with Aspen?



Choose Your Payment Option

Option 1: Secure my spot via a \$5,000 deposit (processed upon submission) and pay for the remainder of the Intensive of \$25,000 in full, on or before the scheduled start date of your Transformational Intensive. (Save \$3,000 by choosing this option.)

Option 2: Secure my spot via a \$9,000 deposit now and divide my remaining payments into 3 equal deposits of \$8,000 and reoccurring the 1st of each month for the following months, commencing with the first month of mentoring.

Signature _____ Date _____

NOTE: Anyone who makes their deposit for the Transformational Intensive and for any reason is not accepted will have their deposit refunded. Client Agreement will be provided at time of Exploratory Session if not already received from prospective client.

CHOOSE YOUR PAYMENT METHOD (Circle one)

CHECK CREDIT CARD: ___Amex ___Visa ___ MasterCard ___Discover

Check # _____ Amount \$ _____

Credit Card # _____

Expiration Date _____ Amount \$ _____

Signature _____ Date _____

Business Receipt Required: Yes ___ No ___

(3% charge if credit card is desired form of payment - Checks can be made out to CDQ, Inc.)

