

# WORKSHOP REGISTRATION

I strive to seamlessly integrate these services into the daily well-being of employees and athletes – without calling attention to them. We can work together to proactively address challenges to employee well-being and successful athletic pursuits before they become larger, more complex issues.

## NAME

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First Name

Last Name

Organization

Program

## ADDRESS

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Street Address 1

Street Address 2

City

State

Zip Code

Country

E-Mail Address

Phone Number



## WORKSHOP SELECTION

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Please select all the workshops you would like to discuss. Being proactive towards personal challenges means you can minimize their impact *before* they affect performance, health, and well-being. These workshops are ideal for those seeking better focus and control in sports, as well as for employees looking to enhance their sense of satisfaction and balance.

Workshop      Becoming Smoke-Free  
Balancing Work/Family  
Advanced Self-Regulation for Athletic Success  
Work/Personal Relationship Issues

When are you  
looking to begin?

## REFERRAL INFORMATION

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Please share how you found out about Karissa's workshops.

Referral      Friend or Colleague  
Search Engine  
Psychology Today  
EAP  
Other (please specify)

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Additional  
Comments or  
Questions

Once you have submitted this form, Karissa will contact you to discuss in more detail how workshops are provided. All that is needed is a webcam, microphone and high-speed internet connection. You can use a computer, laptop, phone or tablet!