

**Inquiry Sheet**  
**Transforming the Wounds of War**  
*A Compassionate Listening Path to Healing*

**Please print** and fill out the following form, then mail to:

Lisa & Brian Berman  
PO Box 975  
Suquamish, WA  
98392

**Name:**

Address:

City:

State/Country:

Zip:

Telephone – Day:

Evening:

Email:

Age:

**What draws you to participate in this workshop?** (Use the back of this sheet if you need more room)

This project offers the possibility of deep healing. You will hear personal stories that might bring up a full range of emotions. As a participant you are agreeing to take full responsibility for your health and well-being throughout the workshop. This workshop is not a substitute for therapy or medical care.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date