

# EPIC

**“To recognize and develop the value in each of us.”**

**Welcome. As our motto indicates, we value and respect you, including your privacy. However, we need some basic information. Please provide the information below, read the responsibility statement, and sign your name, with today’s date. Feel free to add any additional information that you believe might be relevant.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Telephone: \_\_\_\_\_

e-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Education: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In what personal growth activities have you participated in the past? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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In what personal growth activities do you participate currently? \_\_\_\_\_

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What would you like to accomplish in your VDC experience? \_\_\_\_\_

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How do you anticipate VDC will impact your clients? \_\_\_\_\_

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## **Responsibility Statement**

I understand that the professional services provided by EPIC are intended to assist me to develop my potential and I will participate to the best of my ability. If I do not understand something, I will seek clarification before proceeding.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## **Payment Details**

Mail the application, along with a check for the \$500 deposit to: EpicRehab, 188 Woodlands Place Court, St. Charles, MO 63303, Telephone (636) 724-4556. Alternatively, the application can be faxed to (636) 898-0954 and the deposit can be paid online at [epicrehab.com/products-services](http://epicrehab.com/products-services) (you will need to follow the “enter store” link). We will invoice you for the \$1,500 balance, which is due at the start of the three-day seminar. The deposit will be refundable until the first pre-work telephone conference with Dr. Matheson.