

# Intimate with myself and with you

Binding application for couple seminar

from \_\_\_\_\_ to \_\_\_\_\_ in \_\_\_\_\_

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

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

Date of Birth: \_\_\_\_\_

Sex:           ♂       ♀

Street: \_\_\_\_\_

Place: \_\_\_\_\_

ZIP: \_\_\_\_\_

Country: \_\_\_\_\_

VAT/BTW No.: \_\_\_\_\_

profession: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

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

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

Date of Birth: \_\_\_\_\_

Sex:           ♂       ♀

Street: \_\_\_\_\_

Place: \_\_\_\_\_

ZIP: \_\_\_\_\_

Country: \_\_\_\_\_

VAT/BTW No.: \_\_\_\_\_

profession: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

If you need a company invoice please  
provide the details below:

Company: \_\_\_\_\_

Department: \_\_\_\_\_

Street: \_\_\_\_\_

Place: \_\_\_\_\_

ZIP: \_\_\_\_\_

Country: \_\_\_\_\_

VAT/BTW No.: \_\_\_\_\_

If you need a company invoice please  
provide the details below:

Company: \_\_\_\_\_

Department: \_\_\_\_\_

Street: \_\_\_\_\_

Place: \_\_\_\_\_

ZIP: \_\_\_\_\_

Country: \_\_\_\_\_

VAT/BTW No.: \_\_\_\_\_

What makes for the quality in your relationship?

---

---

What keeps your relationship alive? \_\_\_\_\_

---

How many years ago did you meet? \_\_\_\_\_

Since when have you been a couple? \_\_\_\_\_

If you are married, when did you marry? \_\_\_\_\_

What makes you come to the seminar at this moment?

---

---

Where on a scale from 1 – 10 (1 = low, 10 = high) do you rate the current quality of your relationship? \_\_\_\_\_

What will be a good result of this seminar for you and how will this show in your daily life?

---

---

How much of the potential of your relationship do you currently tap and how much would you like to use?

---

Is there anything else you would like to share? (illnesses, previous marriages, ex marital relationships, etc.)?

---

---

Do you raise own/adoptive/foster children in your family (please provide age, sex and names)?

---

---

Please initial each of the following for your consent:

Person 1	Person 2	
_____	_____	I take full responsibility for myself and my process in the workshop and can enlist further resources afterwards if needed.
_____	_____	I am in a mental and medical condition that allows unrestricted participation in the program.
_____	_____	I understand that this is NOT a therapeutic seminar and cannot replace any need therapy.
_____	_____	I agree to maintaining confidentiality about what takes place in the workshop.
_____	_____	I accept terms of payment and cancellation policy.

**Terms of Payment/Cancellation policy:** Please transfer the full amount to account 96199930, BLZ 70150000, Stadtparkasse München (IBAN DE9170 150000 0096 199930, BIC SSKMDEMM) no later than six weeks prior to seminar date. Reimbursement of 95% and 50% of your payment only up to 5 weeks, and three weeks prior to workshop. No refund in case of later cancellation.

Please return this completed form to Aptitude-Academy, Auer Str. 7a, 83707 Bad Wiessee, Germany, [info@aptitude-academy.com](mailto:info@aptitude-academy.com)