2015 (July 20-24) Montana Counselor Tour Application

First Name________________________________ Last Name______________________________________________
Title_________________________________________________________ Gender Male Female
School/Business________________________________________________________

Contact Information

School/Business
Mailing Address________________________________ Home Mailing Address________________________________
City, State, Zip________________________________ City, State, Zip________________________________
Phone________________________________ Phone________________________________
E-mail________________________________ E-mail________________________________
Cell phone________________________________

Special Requests

Special dietary needs or requests _____________________________________________________________
Physical limitations, such as climbing stairs ______________________________________________________
Are you willing to share a sleeping room, if needed? ________
If you require a single sleeping room, please indicate the reason ___________________________________
________________________________________________________________________________________

Spouse/Guest Registration Information
($300 registration fee in addition to $175 counselor fee)

First Name________________________________ Last Name______________________________________________
Relationship to Counseling Professional ___________________________ Gender Male Female
Occupation____________________________________________________________________________________
Mailing address (if different than above) ________________________________
Phone (if different than above) ___________________________ Cell phone ___________________________
E-mail address ____________________________________________________________
Special requests (dietary, physical limitations, roommate preference, smoking preference)
_________________________________________________________________________________________
Interest Inventory (for counseling professionals only)

1. Please tell us why you are interested in attending the Montana Counselor Tour.

2. Have you (or your school/business) had students attend any of the participating campuses in the past? If so, which campus?

3. Are there any students from your school or business currently attending any of the participating campuses? If so, which campus?

4. What do you hope to gain from your participation in the Montana Counselor Tour?

5. Please provide any additional information that may be helpful in determining your acceptance.

APPLICATION PROCEDURE AND TIMELINE
The Montana Tour Coordinator will review each application on a first-come, first-served basis. Selected applicants will be notified on a rolling basis.

PAYMENT
Payment is required with this registration form in order to apply. If an invoice is required by your institution, please use this form. Please enclose a check for $175 ($300 for spouse or guest) made payable to Montana Counselor Tour. The fee includes: accommodations each night of tour in college residence halls, most meals, and charter bus transportation between campuses. It does not include air or ground transportation to or from Montana or personal expenses during the week.

NOTE ABOUT SPOUSES AND GUESTS
The Montana Counselor Tour provides a limited number of seats for spouses and guests. Please be aware that we reserve the right to fill tour seats with counseling professionals before spouses or guests. If you would like to include a guest, you must register them and pay with this form.

REFUND POLICY
If you are not selected for the tour, we will refund your $175 (or $300 if a spouse/guest) reservation fee. If you need to cancel your registration, you may receive a full refund up to April 1, 2015. Refunds should be submitted in writing (e-mail or letter) to the Tour Coordinator on or before April 1. If the tour has not reached minimum capacity by February 15, we reserve the right to cancel the tour. If we do cancel, you will be refunded your application fee.

SIGNATURE (required)
I have read and understand what the Tour Fee includes, the payment requirements and the Refund Policy.

____________________________________________  ____________________________
Signature                                   Date

Please mail your registration fee along with this form to:

Shannon Marr
Montana Counselor Tour
1121 Adobe Dr., Great Falls, MT 59404