

REGISTRATION FORM **COMPASS SEMINAR 23**

SCNG

Location: Hickory Knob State Park And Resort

26-28 April 2024



There is no course cost for this seminar. Any sending agencies outside of the SC Military Department are responsible for the cost of housing of their members. If you have any questions about the program please contact CH (MAJ) John Denny at (803) 543-6049 or SSG Powell at (803) 457-4196. You can also learn more about COMPASS at our website at: <https://compasspeersupport.godaddysites.com/>

Please Complete Front and Back of Form and Return to:

Joshua.J.Powell6.mil@army.mil or John.A.Denny16.mil@army.mil

Name: _____ Address: _____

City: _____ Zip Code: _____

Unit/Department: _____

Work Phone: _____ Work Cell: _____

Work E-mail: _____ Home Email: _____

Dietary restrictions: _____

Medical requirements: _____

If you (or spouse/significant other) deployed, please fill out the information below:

Unit(s) you deployed with: _____

Dates of deployment: _____

Location(s) of deployment: _____

- Items "I want to address" (Please prioritize):** ☐ Communication Skills ☐ Conflict Resolution
☐ Anger Management ☐ Identity Issues ☐ Sleep Concerns ☐ Coping with Loss ☐ Grief
☐ Anxiety/Fear ☐ Medication ☐ Understanding Trauma ☐ Emotional Numbness
☐ Spiritual/Faith Concerns ☐ Substance Abuse ☐ Depression ☐ Loneliness/Isolation
☐ Stuck Thoughts/Images/Sounds/Smells ☐ Hyper-Vigilance ☐ Lack of Purpose
☐ Other(s) (Please name) _____

Name for Name Tag: _____

Name as you wish it to appear on training certificate:

PLEASE BRIEFLY ANSWER THE FOLLOWING QUESTIONS:

Brief description of the incident(s) which brings you to the COMPASS Seminar:

What are you hoping the COMPASS Seminar can do for you or help with?