

# Pumpkin Hollow Retreat Center

1184 Route 11, Craryville, NY 12521

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Web Site: [www.pumpkinhollow.org](http://www.pumpkinhollow.org)  
TT web site: [www.therapeutictouch.org](http://www.therapeutictouch.org)

**DUE DATE: April 15th**

## **37th Annual East Coast Advanced Invitational Workshop on Therapeutic Touch**

This notice invites you to make application to participate in the Advanced Therapeutic Touch Invitational Workshop, to be held at Pumpkin Hollow Retreat Center this summer. Your acceptance will be based on your previous Therapeutic Touch experience and program attendance. The Advanced TT program will be conducted by **Dr. Dolores Krieger, Ph.D., R.N.**, an internationally recognized authority on healing.

**Pumpkin Hollow** is a 130-acre farm situated in a hollow at the foot of the Berkshires, some 30 miles south of Albany, NY. The Taconic stream flows through the property, providing a swimming hole and waterfall, before meandering on through a deep gorge. Trails have been cleared through the wooded area for hiking or for communicating with nature.

Vegetarian meals are shared in our large community dining room, with some of the food from Pumpkin Hollow's own organic garden. Eggs and dairy products are included in the menu.

Accommodations consist of cabins (with modern plumbing), all within a short distance of the house, and a few rooms in the main house. Most rooms and cabins will be shared by two or more persons. Pumpkin Hollow provides linens, blankets and pillows. Tenters must bring their own tent, sleeping bag, and towels and can choose from several tenting sites.

The atmosphere at the Hollow is casual and relaxed, and workshop activities are held in the meditation center, in the EBS education center, in the living room and occasionally around a campfire at night. TT therapists are invited in stillness to the Healers' Sanctuary situated among the hemlock trees, to open to the universal healing energies and become refreshed.

A group of volunteer workers are in residence to share in the work and activities of the Hollow. Guests are asked to involve themselves in this cooperative effort by keeping their rooms tidy and by assisting in after-meal clean-up.

Contact Hours are available. This Educational Activity has been approved by the New York State Nurses Association's Council on Continuing Education which is credited by the American Nurses' Credentialing Center's Commission on Accreditation. This workshop also qualifies for college and university credits for independent study. Arrangements through your college or university have to be made in advance.

### **Advanced Therapeutic Touch Workshop: July 24 - 29, 2009**

Starts Friday evening with dinner and ends Wednesday afternoon following lunch.  
Tuition, Room & Meals: \$480 (\$395 for tenters)

**Upon acceptance** of your application, a deposit of \$150 is required to register, of which \$75 is **non-refundable**. Entire deposit is forfeited if registration is not canceled **THREE** weeks prior to the workshop. Applications will be accepted for the full workshop period, Friday to Wednesday, and must be received by **April 15th, 2009** to be considered. All applications will be reviewed and are subject to the approval of **Dr. Krieger**.

**MAKE TWO (2) DUPLICATES AND MAIL ALL THREE (3) COPIES BACK.**

Mail to:

Advanced TT Invitational Workshop  
Pumpkin Hollow Retreat Center  
1184 Route 11, Craryville, NY 12521

**I am applying for the Advanced TT Invitational - July 24 - 29, 2009**

**Advanced Workshop Prerequisites:** Must have attended at least two previous Therapeutic Touch Workshops, and have three years' experience in the practice and/or teaching of Therapeutic Touch. Acceptance will be limited to those who are health professionals or lay persons involved in health-related activities, such as hospice volunteers.

**INSTRUCTIONS:** Fully answer all of the questions. Because there is a great need for excellence in clinical practice, research, and teaching of Therapeutic Touch, and because public endorsement of its use is rapidly growing, a more rigorous basis for acceptance to the Invitational Workshops is warranted. The decision by Dr. Krieger to accept your application to this workshop will be strongly influenced by this written information.

If additional space is needed, please clearly **type** the material, double-spaced, on a plain white paper and send all **three copies** with your application.

Name

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Address

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City/State/Zip

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Phone (Home)

(Cell or Work)

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E-mail

Fax

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Profession

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Profession License #

Licensing Body

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Employer

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Do you Prefer to Stay in:

Pumpkin Hollow Housing

Camp Out in Own Tent

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I am also interested in applying for independent study credit through my college/university  
(if so, attach objectives to this application and list your college or university).

In order to anticipate and provide for the needs of all those who attend the workshop (*patients, students, and teachers*) it is important to know if you have a psychological or physical medical condition. Please describe any ongoing medical conditions you have (this in no way prejudices your application) and indicate whether you would like to be treated with Therapeutic Touch.

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List medication(s) you are presently taking: \_\_\_\_\_

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List previous Therapeutic Touch workshops attended. Indicate instructor(s), the length of the workshop and whether it was basic, intermediate, or advanced level of study. Attach additional sheets if necessary.

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What are your major learning objectives in attending this year's workshop?

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As a health professional or lay person working in a health related activity how have you used Therapeutic Touch in this past year?

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What are your future plans for the use of Therapeutic Touch?

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