



DIVORCE Recovery Workshop

SEPT 21 — NOV 2

THURSDAY EVENINGS 7- 9 pm
7 SESSIONS (in a 7 week period)

■ Workshop Sessions

Deals with the emotions of a breakup and the basics of healing.

- Week 1: Is This Really Happening to Me?
- Week 2: Dealing with Your Former Spouse
- Week 3: Assuming New Responsibilities
- Week 4: Coping Skills for Down Day
- Week 5: "New Community: Thinking About Forgiveness
- Week 6: New Community: New Relationships
- Week 7: Co-parenting Survival Skills

■ Workshop Location

Forks of Elkhorn Baptist Church

495 Duckers Road
Midway, Kentucky 40347

■ Registration Fee

- \$160** 1st timers per person (\$32 per 2 hr session)
- \$130** Early-bird discount if registered / paid 14 days prior to start date
- \$60** Repeat participants
- \$25** Additional (per family) for children Ages 4 Years - Grade 12

Scholarships may be available for those with financial need. Please inquire.

■ 3 Ways To Register

PHONE: James Stillwell (859) 940-3241

EMAIL: fjstillwell@gmail.com

MAIL: P.O. Box 23177 Lex., KY 40523

ONLINE: For Registration Form, visit online:
DrJamesStillwell.com

**A Children's Workshop
is also available
and runs concurrently with
the Adult Workshop.**

(For children 4 yrs to Grade 12,
add \$25 per family)

PRESENTED BY

Dr. James
Stillwell
MINISTRIES



DrJamesStillwell.com

■ Dr. James Stillwell

*Pastoral Counselor at Interfaith
Counseling Center and Frankfort Pastoral
Counseling and St. Matthews Pastoral
Counseling Center.*

Dr. Stillwell is a master of divorce recovery and helps people learn from their past, while focusing on their future. Along with an impressive academic background, Dr. Stillwell has helped over 3,200 individuals and families through the divorce recovery process, and he has 26 years of experience in single adult ministry.

Dr. Stillwell is based in Lexington, and is a happily married grandfather and father of four children.

WHICH ONE ARE YOU?

Thinking about divorce? In the process of separation, separated and not yet divorced? In the process of divorce, recently divorced, or divorced a long time ago? Parenting after divorce, divorced with no children, divorced with grown children? Initiator of the divorce, the one who was left in a divorce? Single again after a long relationship, grieving a breakup, celebrating the end of a bad marriage?

The case scenarios are many, but regardless of which scenario mirrors your situation, you can benefit from this course offered by Dr. James Stillwell.



Workshop Registration

(please print clearly)

Today's Date _____

Mr Mrs Ms _____

Address _____

City, State, Zip _____

Please list all 3 and check your preferred method of contact:

Home Phone _____

Cell Phone _____

E-mail _____

Gender: Male Female **Age** _____

Have you attended Dr. Stillwell's Divorce Recovery Workshop before? Yes No

Who were your small group leaders?

How did you find out about the workshop?

Do you have children? Yes No **How Many?** _____

Please check the age range of your children:

Preschool Elementary Middle school High school

Adult

Please answer all which apply:

Were you married?

Or in a long term relationship?

More than 1 marriage? Yes No

____ Years Married / In Relationship

Is Your divorce final? Yes No

Date Final _____

Former Partner's Name:

Children's Divorce Recovery Workshop

- Ages 4 yrs — Grade 12
- Meets concurrently with the adult workshop. Each week's topic is similar to the adult topic to encourage further discussion with your children.
- **Cost: \$25 per family** (includes all of your children)
- Preregistration is required.

Children's Workshop Registration:

Child's Name _____ **Age** _____ **Gender** _____



PLEASE MAIL YOUR WORKSHOP REGISTRATION ALONG WITH PAYMENT TO:

DRW c/o James Stillwell, P.O. Box 23177, Lexington KY 40523

Enroll (# of participants) _____
Participants(s)

\$160 pp

Early-bird Discount \$130 pp if registered / paid 14 days prior to start date

\$60 pp repeat participants

For children 4 Yrs - Grade 12, add \$25 per family

BY CREDIT CARD (PLEASE PRINT CLEARLY) VISA MC DISCOVER

Name (as it appears on card) _____

16 digit # _____

Exp Date _____ Signature _____

BY CHECK: payable to Dr. James Stillwell **Phone** _____