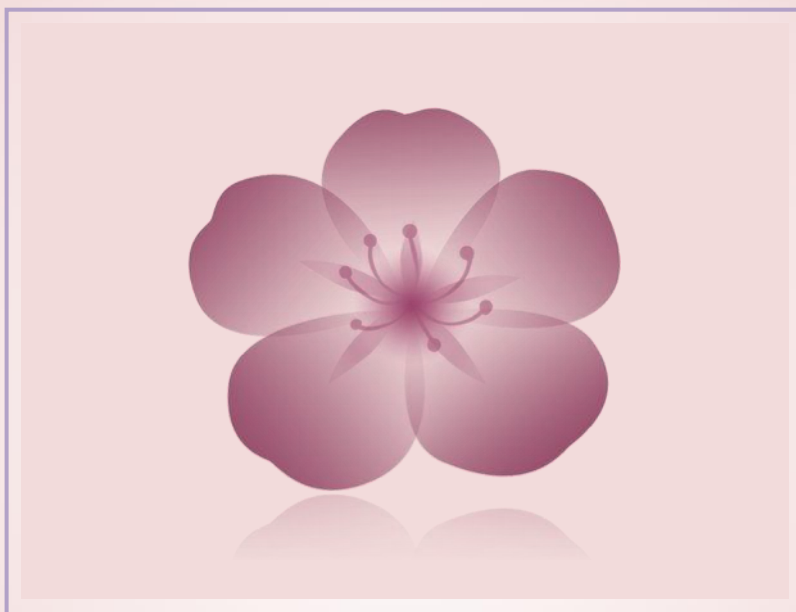


2012 MENTORING PROGRAM



PRESENTED BY DEB SHEPPARD



LEVEL I

Namaste'

- ✚ Do you feel you are at a crossroad?
- ✚ Have you felt more intuitive, but not quite sure how to trust the messages?
- ✚ Have you felt drawn to do something that seems exceptional, but can't seem to put the pieces together?
- ✚ Are you always helping others and feeling drained?
- ✚ Do you have a community that provides unconditional and nonjudgmental support?
- ✚ Are you grieving a loss and feel you need direction?
- ✚ Do you feel guilty for taking care of yourself?
- ✚ Is it important to make everyone happy, before your needs are met?
- ✚ Have you lost your passion for life?
- ✚ Have you identified your passions?
- ✚ Are you frustrated with repeating the same patterns?
- ✚ Do you know how to make the changes you want to create?
- ✚ Does fear stop you from taking risks and believing you can create a life you desire and deserve?

If these questions resonate with you, then perhaps this is a perfect time to consider the Level I Mentoring Program. This program is designed to support individuals in discovering true passion, trusting intuition, and understanding one's life purpose.

Living an intuitive life allows you to use your intuition so you can listen to your heart and live life to its greatest potential. However, with our life experiences, old beliefs, grief and fear, it can hinder our ability to trust and listen to our own natural talents.

Mentoring supports your desire to live a more authentic and balanced life.

The program is comprised of a team who is creative, highly intuitive and loving, providing unconditional support with the highest levels of integrity. These individuals have been working alongside me for years and have been through each program. They understand and have taken this journey and their professional backgrounds allow them to bring experience and guidance that will not compare to any other program.

I believe that being part of a spirited community is one of the greatest and safest opportunities to reach our full potential and to bring more peace and unity to our communities. You will have access to many individuals that will support you during the time that you are in class, as well as full access to my assistance. (This includes cell phone access to me and other mentors.)

Please take time to read through the elements of this program and then listen with your heart. Ask yourself, why should I wait any longer to begin a life of passion, abundance, joy and love? Next year at this time, you will be able to ask yourself what you want from your life and have the inner guidance and confidence to answer that question.

Blessings,

Deb Sheppard
 Psychic Medium Spiritual Teacher and Mentor
 720-535-8565

Introducing the Intuitive Mentoring Program

This program is designed to assist individuals who are passionate about their spiritual journey. This path can lead you to nurture your soul, inspire your inner voice and cultivate your true abilities. If you have felt guided to look deeper into self discovery, develop your intuition and pursue a spirited life, consider this course as a calling and an extraordinary opportunity. This program was developed to enhance your skills, allow you to feel secure with your life's purpose, trust your inner guidance and feel supported without judgment.

What can you expect from this program? Below is a sampling.

- Heal from your past
- Study sacred contracts and find your purpose in life
- Connect with spirit guides and develop a relationship with them
- Improve your meditation skills and find inner peace
- Practice giving readings so you can truly trust your own inner voice
- Balance your own chakras
- Learn about spiritual clearings
- Understand auras and practice hands on energy work
- Review past lives
- Experience a day at a spiritual sanctuary and labyrinth
- Use psychic tools and understand psychic protection
- Have access to a spirited community and be with like minded friends!



Balancing both the physical and spiritual world:

- Take care of yourself physically and spiritually
- Find spiritually based resources
- Understand your intuitive boundaries
- Not feeling alone on the journey
- Heal your inner child
- Attract the things you desire and deserve
- Release what no longer resonates with your higher self
- Accept opinions of others when they do not understand you

Ethics and your work:

- Incorporate your intuition with your traditional work
- Start your own spiritual business
- You can make a living with your passion!
- How to honor Spirit during your work
- Recognize the work of others
- Learn how to assist others in their journey
- Realize limitless opportunities are available to you
- Map your journey

Program Summary

Thank you for your interest in the Intuitive Mentoring Program (IMP). We have had an overwhelming response and are delighted with the caliber of individuals who want to participate. As with any commitment, I want to ensure this program is what you expect and that you have an understanding of the time and financial commitment. There are questions that require your response and a list of items that are important to your attendance and participation.

- There are a total of 7 classes that are conducted on Friday evenings and on Saturdays. One class is a full day event held at the sanctuary/labyrinth.
- Payment by cash, check or credit card through PayPal is accepted.
- **If you are unable to attend a class, payment is still required. See Payment Agreement for details.**
- In order to build your support group, it will be necessary to work with others in your group.
- Dress comfortably; bring a snack and items for meditation (pillow & blanket), a binder/journal along with a pen/pencil to keep information and notes are also recommended.
- Some books will be required for reading, which can be purchased, obtained at the library or borrowed and a list will be provided.
- Cell phone numbers for me and other mentors will be provided ensuring full support during this time.

We are all on a journey and each one of us has different experiences. An open mind provides the opportunity to exchange ideas and permits us to learn and grow. My mission is to allow you to see your true soul, trust in yourself and find your Spirit. This journey has no limits. This intense program will guide the person with a desire to step into their true path and provide the answers so you can **begin** the next chapter in your life.

Individuals who participate will want to have a passion and commitment to their journey. This course will empower you, providing direction and a sense of accomplishment. Before you consider making this decision, I encourage you to meditate and ask if this course will be of benefit to you. Also, listen to your heart to see if this course fits your needs. There are many teachers and you must find the mentor who is right for you.

If you have additional questions, please contact me or Director, Cindy Barber. We hope this course will enlighten, empower and exceed your expectations.

INTUITIVE MENTORING PROGRAM LEVEL I FOR 2012

APPLICATION

Name: _____

Address: _____ City _____ Zip _____

Email: _____

Home Phone: _____

Cell Phone: _____

Business Phone: _____

Occupation: _____

DOB: _____ (Feel free to omit year)

What name would you like on your name tag? _____



Please include a CURRENT photo of yourself with the application.

A confirmation letter along with your assigned schedule will be mailed to you. For questions, please contact Director, Cindy Barber at 720-315-5235 or email her at cindy@debsheppard.com

Return to: **(Please DO NOT EMAIL your application.)**

Deb Sheppard
15854 E. Crestridge Circle
Centennial, CO 80015

Checklist:

- ✓ Application page 5
- ✓ Questionnaire with answers page 7
- ✓ Signed Payment Agreement page 8
- ✓ Signed Service Agreement pages 10-12
- ✓ Photo

Intuitive Mentoring Program Schedule



The Intuitive Mentoring Program is a program designed to challenge, nurture, and transform you. I am honored that you have considered this endeavor. This program has been widely successful in the past and attracts a diverse group. We will have a great opportunity to learn and teach each other.

Class location is currently being scheduled, at the First Universalist Church at Hampden and Colorado Blvd. in Denver.

Please retain for your records.

Friday March 23rd & Saturday March 24th

Friday April 13th & Saturday April 14th

Saturday May 12th Sanctuary
All day event

Friday June 1st and Saturday June 2nd

Friday classes are held 7:00 pm-9:00 pm. Saturday classes are held 10:00 am-3:00 pm.

Intuitive Mentoring Program Level I Questionnaire

The following questions are part of the **Intuitive Mentoring Program (IMP)** application process and are **required**. There are no correct answers. Please answer the questions as to how you feel. The purpose of this questionnaire is to know if the program fits your needs and will be a good match.

Write your answers on a separate page. Be sure to include the question as well. Please respond fully and with detail, not simply yes or no. I want to know as much about you as possible from your answers. Please write clearly.

After reviewing your responses, we will contact you by letter with an acceptance or if I would like to discuss your interest in more detail, I will contact you by telephone. We want to assist you in making a clear decision about your needs.

1. How did you hear about the Intuitive Mentoring Program (IMP)?
2. Why do you want to commit to the Intuitive Mentoring Program?
3. Why is the timing right for you?
4. Do you have any fears in participating in the IMP?
5. What are your intentions with the IMP?
6. What does psychic mean to you?
7. What do you believe makes a healer?
8. How would you feel if your guides have another purpose for you than you intend?
9. Where do you gain your inner strength?
10. What connects you with your heart?
11. Do you feel your challenges are beyond your abilities?
12. Is there such a thing as boundaries?
13. What is your faith? This doesn't have to be religious...more about your belief.
14. What are expectations on your psychic/spiritual journey?
15. Is there such a thing as failure?
16. What are your expectations from your mentor?
17. Explain how you are willing to work and support others outside of the classes?
18. Give three reasons why **this program** should be part of your growth process.
19. Are you open to your intuitive abilities?
20. Do you feel you are always helping others in their journey?
21. Can you commit to this path and are you open to the possibilities?
22. Are you willing to look into your soul and do YOUR work?
23. Are you willing to begin to forgive your imperfections and move forward?
24. Can you commit your time, effort and financial resources?
25. Are you willing to learn how to love yourself unconditionally?
26. Can you honor and support the program and those who participate?
27. **Between classes, are you open to sharing what you know with fellow students? (MOST IMPORTANT)**

PAYMENT AGREEMENT

- 1) We offer a payment plan to those who feel this is needed in their situation. Confidentiality is assured.
- 2) There are 7 scheduled classes in Level I and the cost is \$1,495.00.
- 3) A payment of \$195.00 is required with the application.
- 4) The remaining balance is \$1,320.00 and payable in 4 installments at each class.
- 5) We also offer flexible payment options:
 - ✚ Submit the entire cost with your application and receive a \$250.00 discount.
 - ✚ Submit 50% of the cost with your application and the remainder 50% by the first class, March 23 and receive a \$150.00 discount.
 - ✚ Receive \$20.00 off when payment is cash.
- 6) If you are unable to attend a class, payment is still required.
- 7) We accept payments by cash, check or credit card through PayPal.
- 8) Please sign, date and return with your application letter.
- 9) A new addition for this year will be private mentoring during your Tribe mentoring program. While in the program, you can schedule 3 private sessions with Deb for \$510.00 and each one is recorded on CD. This pricing offers a savings of \$255.00 and sessions are not required but are offered to students as an option.

Name: _____

Date: _____

TESTIMONIALS

If you are considering mentoring and have questions about the experiences of others, I have always found it helpful to speak with students to get a true feeling about the other programs and if they are right for you.

Below is a list of students who are willing to provide their information to you and I highly encourage you to contact one or all of them, even if your decision is to continue in the program. This year, I've changed many things about Level I that allow a different experience for you. But, hearing about the overall programs, I believe, will be of the greatest benefit to you.

- ✚ Ambassador: Maggie Domas 303-975-7412 maggiedomas@yahoo.com
- ✚ Masters Program: Jacqueline Barnett 720-870-2132 jstbarnett@gmail.com
- ✚ Masters Program: Jane Stoddard 303-687-0819 jcs1121@comcast.net
 - ✚ Masters Program: Ron Ripp 303-243-4075 www.ronripp.com
 - ✚ Level II: Diana Smith 303-885-7109 Hiitsdi58@gmail.com
- ✚ Ambassador: Bea Dalton 303-904-3164 jbdalton@ecentral.com
- ✚ Ambassador: Theresa Byrne 303-783-9632 theresatkd@comcast.net
- ✚ Ambassador: Pam Noonan 303-766-7042 pamnoon@yahoo.com
 - ✚ Leadership: Teri Harris teriharris19@hotmail.com
- ✚ Level II: Art Pacheco 720-312-4037 art.pacheco58@gmail.com
- ✚ Ambassador: Kathy Stein 720-323-7248 steink33@msn.com
- ✚ Level II: John Munson 720-579-0930 denvarpoet@yahoo.com
- ✚ Private Mentoring: Mary Bearman 303-756-1968 marybear5555@aol.com
- ✚ Ambassador: Craig Hess 303-905-6842 rcraighess@msn.com
 - ✚ Level I: Tami Trey 720-810-5786 t.trey333@gmail.com
- ✚ Level I: Brian Bowles 303-999-0953 brian_bowles03@yahoo.com

SERVICES AGREEMENT

THIS SERVICES AGREEMENT (“Agreement”) by and between _____, (“Customer”) and DEB SHEPPARD, (“Provider”) is made as of the date set forth below (the “Effective Date”). WHEREAS, Provider is in the business of providing certain services (the “Services”); WHEREAS, Customer desires to retain Provider for a specific period to provide Services in connection with **Intuitive Mentoring Program** pursuant to the terms and conditions contained herein.

NOW, THEREFORE, in consideration of the promises set forth below, and for other valuable consideration, the receipt of which is hereby acknowledged, the parties agree as follows:

1. Statement of Work. Before the beginning the **Intuitive Mentoring Program**, Customer and Provider shall complete a statement of work in substantially the same form as set forth in Exhibit A (“Statement(s) of Work”). Each Statement of Work shall describe the Services and include (a) a description of Services, (b) a description of the Class Fees, (c) a Class Schedule and Project Duration, (d) a Payment Schedule (if provided as defined below, and (e) any other provisions the parties agree to include. Each Statement of Work shall be signed by each party and shall be attached to this Agreement and incorporated herein by reference. In the event of a conflict between this Agreement and a Statement of Work, the terms contained in this Agreement shall control.
2. Work Product Ownership. Subject to payment of the mutually agreed upon Class Fees, as set forth in the Statement of Work, all materials and copies of materials developed, generated or produced and presented to the Customer in connection with Provider’s Services under any Statement of Work (collectively, “Work Product”) shall be Customers’ sole and exclusive property. All control of materials and copies of materials developed, generated or produced and presented to the Provider by the Customer in connection with Provider’s Services under any Statement of Work (collectively, “Work Product”) shall be the Provider’s sole and exclusive property. Additionally, Provider maintains exclusive ownership and control of all video or audio tape recordings of any **Intuitive Mentoring Program** session subject to the Confidentiality section of this agreement herein.
3. Program Payment. Provider shall keep accurate and complete accounts and records related to the Services. Unless otherwise specified in a Statement of Work, Provider shall be paid the full amount required to attend the **Intuitive Mentoring Program**, prior to the beginning of the first class or as specified in the Statement of Work. A payment plan may only be utilized if set forth in any Statement of Work. If payment plan is utilized, any and all incremental payments made by the Customer shall be logged by the Customer in their file contemporaneously with the payments. Late fees and acceleration payment requirements, if any, will be specified in the Statement of Work.
4. Project Expenses. The fees to be paid to Provider for the **Intuitive Mentoring Program** shall be stated in the Statement of Work (“Project Fees”). Provider shall be responsible for any expenses Provider may incur in connection with the performance of the Services, unless otherwise

agreed upon in the Statement of Work or unless approved in advance in writing by Customer.

5. Term and termination. This Agreement commences on the Effective Date and shall continue until the Completion Date.
6. Confidentiality.
 - a. Disclosure. Each party acknowledges that it may disclose Confidential Information to the other in connection with this Agreement. The party receiving the Confidential Information shall; (i) use all Confidential Information received by it solely to carry out the purposes of this Agreement and for no other purpose whatsoever, (ii) limit access to any Confidential Information received only to its employees and/or contractors this Agreement, (iii) advise those employees and/or contractors who have a need to know and only for use in connection with having access to the Confidential Information of the proprietary nature thereof and of the obligations set forth in this Agreement, (iv) take appropriate action by agreement with those employees and/or contractors having access to the Confidential Information to fulfill its obligations under this agreement, and (v) safeguard all Confidential Information received by using a reasonable degree of care, but not less than the degree of care used by it in safeguarding its own similar information or material.
 - b. Confidential Information. “Confidential Information” means all, secret or confidential information relating to either party, or other participating students and all personal data, including all Personal Information of either party or participating students.
 - c. Personal Information. “Personal Information” means personally identifiable information relating to Provider, employees or Provider, students of Provider or Customer.
 - d. Exceptions. Information shall not be considered Confidential Information to the extent, but only to the extent, that such information; (i) is already known to the receiving party free of any restriction at the time it is obtained from the other party; (ii) is subsequently learned from an independent third party free of any restriction and without breach of this Agreement, (iii) becomes publicly available through no wrongful act of either party; (iv) is independently developed by one party without reference to any Confidential Information of the other; or (v) is required to be disclosed by law, regulation, court order or subpoena, provided that the disclosing party will exercise reasonable efforts to notify the other party prior to disclosure. Additionally, Confidential Information may be used by Provider as specified in the Statement of Work or a written Release of Information to the extent provided for in the Statement of Work or written Release of Information.
7. Warranty.
 - a. Generally. Provider warrants that (i) Provider possesses full power and authority to enter into and perform this Agreement; (ii) Provider and Provider Personnel have proper skill, training and

background to perform in a competent and professional manner the work set forth in each Statement of Work and that all Services will be performed substantially in accordance with the requirements and specifications set forth in such Statement of Work.; and (iii) the Work Product and all other materials supplied hereunder are free from liens and encumbrances, and shall conform to the specifications set forth in the applicable Statement of Work.:

- b. Disclaimer. EXCEPT AS SPECIFICALLY PROVIDED IN THIS AGREEMENT, THERE ARE NO OTHER WARRANTIES, EXPRESS OR IMPLIED, INCLUDING, BUT NOT LIMITED TO, ANY IMPLIED WARRANTY OF MERCHANT ABILITY OR FITNESS FOR A PARTICULAR PURPOSE.
8. Modification. No modification, course of conduct amendment, supplement to or waiver of this Agreement, any Statement of Work, or any provision hereof shall be binding upon the parties unless made in writing and duly signed by both parties. At no time shall any failure or delay by either party in enforcing any provisions, exercising any option, or requiring performance of any provisions, be construed to be a waiver of same.
9. Severability, Headings; Entire Agreement. If any provisions of this Agreement are held invalid, illegal or unenforceable, the remaining provisions shall be unimpaired. Headings are for reference and shall not affect the meaning of any of the provisions of this Agreement. The Schedules, Exhibits and attachments to this Agreement are incorporated by this reference and shall constitute part of the Agreement. This Agreement constitutes the entire agreement between the parties and supersedes all previous agreements, promises, proposals, representations, understanding and negotiations, whether written or oral, between the parties respecting the subject matter hereof. Email and all other electronic (including voice) communications from Customer in connection with this Agreement are for informational purposes only. No such communication is intended by Customer to constitute either an electronic record or an electronic signature or to constitute any agreement by Customer to conduct a transaction by electronic means. Any such intention or agreement is hereby expressly disclaimed.
10. Governing Law. This Agreement shall be governed by substantive laws of the State of Colorado without regard to conflict of law principles. Furthermore, Provider and Customer hereby agree that general contract law shall govern this Agreement.

IN WITNESS WHEREOF, the parties hereto have caused their duly authorized representatives to sign this Agreement as of the Effective Date.

CUSTOMER

PROVIDER

Print
Name _____

Print
Name _____

Signature _____
Effective Date _____

Signature _____
Effective Date _____