

FORM FOR COLLABORATION

BUSINESS NAME

CONTACT NAME

TYPE OF COLLABORATION:

SUBMIT A COURSE

COURSE TITLE

COURSE SUBTITLE

(WHAT STUDENTS WILL LEARN)

(HOW STUDENTS CAN APPLY THE KNOWLEDGE LEARNED)

COURSE DESCRIPTION

(WHAT YOUR COURSE IS ABOUT TO POTENTIAL STUDENTS)

PRIMARY TOPICS

(SELECT MAX 5)

FEMININITY

SELF CARE

DARK FEMININE

MANIFESTATION

CRYSTALS

CHAKRA

EMPOWERMENT

COMMUNITY

AFFIRMATIONS

MINDFULLNESS

MEDITATION

SELF-DISCOVERY

ENERGY WORK

BALANCE

EMOTIONS

MENTAL HEALTH

ASTROLOGY

DIVINE FEMININE

DIVINE MASCULINE

GRATITUDE

YONI

LIMITING BELIEFS

SHADOW WORK

SEXUALITY

LEARNING LEVEL:

☐ BEGINNER

☐ INTERMEDIATE

☐ EXPERT

☐ ALL

INSTRUCTOR PROFILE

BRIEF EXPLANATION OF EXPERTISE AND EXPERIENCE

MEDIA REQUIREMENTS:

☐ MP4

☐ YOUTUBE

☐ ZOOM

☐ M365

TEAMS

☐ OTHER

EXPLAIN IF OTHERS

COURSE CURRICULUM OVERVIEW



UPLOAD PDF,WORD,ECT

COURSE PROFILE IMAGE



UPLOAD JPG,PNG,ECT

COURSE PRICE:

☐ WEEKLY

☐ BI-WEEKLY

☐ MONTHLY

☐ YEARLY

COURSE COUPONS:

OPTIONAL

SUBMIT COURSE

FORM FOR COLLABORATION

BUSINESS NAME

CONTACT NAME

TYPE OF COLLABORATION:

WORKSHOP SERIES

WORKSHOP TITLE

WORKSHOP SUBTITLE

OPTIONAL

(WHAT STUDENTS WILL LEARN)

(HOW STUDENTS CAN APPLY THE KNOWLEDGE LEARNED)

LOCATION:

☐ IN-PERSON

☐ DIGITAL

☐ BOTH

IS IT A REOCCURRING WORKSHOP?

☐ NO

☐ WEEKLY

☐ MONTHLY

☐ QUARTERLY

EST START TIME

DURATION

IDEAL AUDIENCE SIZE

10 - 20 ECT

WORKSHOP DESCRIPTION

(WHAT YOUR WORKSHOP IS ABOUT TO POTENTIAL STUDENTS)

WORKSHOP DELIVERABLES

INSTRUCTOR PROFILE

BRIEF EXPLANATION OF EXPERTISE AND EXPERIENCE

ARE YOU COLLABORATING WITH ANOTHER BUSINESS FOR THE WORKSHOP?

☐ YES

☐ NO

IF YES, WHICH BUSINESS:

IF NO, ARE YOU OPEN TO COLLABORATING, IF IT'S A FIT?

☐ YES

☐ NO

WORKSHOP PRICE:

WORKSHOP COUPONS:

OPTIONAL

SUBMIT WORKSHOP