

New Arhatic
Prep Students
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MCKS Arhatic Yoga Preparatory Level
March 4-5, 2020 at The Center for Pranic Healing

New
 Review

PLEASE PRINT

Name: Mr./Ms./Mrs. _____ M F Birth Date: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Tel (Home): _____ (Cell): _____ E-Mail: _____

Basic Pranic Healing date: _____ Location: _____ Instructor: _____

Advanced Pranic Healing date: _____ Location: _____ Instructor: _____

Pranis Psychotherapy date: _____ Location: _____ Instructor: _____

CONFIDENTIAL STUDENT DATA (PLEASE ANSWER ALL QUESTIONS)

- 1) Do you smoke? Yes Rarely No
- 2) Do you take drugs? Yes Rarely No
- 3) Do you drink alcoholic beverages? Yes Rarely No
- 4) What is your diet? Vegetarian Non-Vegetarian
- 5) Have you been diagnosed or had history of contagious diseases or other illnesses? Yes Suspect No
If yes, please explain _____
- 6) Do you have history or present serious physical or psychological disorders? Yes Undiagnosed No
If yes, please explain _____

Arhatic Yoga Prep Information	Early Bird By 9/30/2019	2nd Early Bird By 1/15/2020	Reg Price After 1/15/2020	Amount Due
<input type="checkbox"/> Arhatic Yoga Preparatory Level – New Mar 4-5 Wed and Thur 9am to 7pm	<input type="checkbox"/> \$625	<input type="checkbox"/> \$675	<input type="checkbox"/> \$725	
<input type="checkbox"/> Arhatic Yoga Preparatory Level - Review Mar 4-5 Wed and Thur 9am to 7pm	<input type="checkbox"/> \$150	<input type="checkbox"/> \$210	<input type="checkbox"/> \$210	
<u>For NEW Arhatic Yoga Prep Students only:</u>				
<input type="checkbox"/> COMBO AY Prep + Retreat Mar 4-5 (Prep) and March 6-8 (Retreat)	<input type="checkbox"/> \$1025	<input type="checkbox"/> \$1125	<input type="checkbox"/> \$1225	

WAIVER: I promise that I will not give, teach or divulge the techniques and teachings derived from the workshops to anyone without the Institute for Inner Studies' written approval. I promise not to misuse the knowledge that I derived from the workshops. I also acknowledge that the courses developed by Master Choa Kok Sui are copyrighted and are not to be reproduced in any way without written approval.

SIGNATURE: _____ **DATE:** _____

PAYMENT INFORMATION:

PAYMENT DETAILS Please make checks or money orders payable to: CENTER FOR PRANIC HEALING, INC.

Cash Amount \$ _____ Check Amount \$ _____ Check# _____

MasterCard \$ _____ Visa \$ _____ Amex \$ _____

Credit Card #: _____ Exp. Date: _____

Name: _____ Signature: _____

(As it appears on your credit card) (For credit card payments only)