



The Center for Pranic Healing, Inc.

290 Grant Avenue Lyndhurst, New Jersey 07071
Toll Free (877) 787-3792 Telephone (201) 896-8500 Fax (201) 896-8501

New Arhatic
Yoga
Preparatory
Level students
Please submit
recent picture

MCKS Arhatic Yoga Preparatory Level

Class Location: Spiritual Living Center
2801 Buford Highway Suite T-30 Atlanta, GA 30329

Please **MAIL** Completed Registration with Attached Photo to:
INSTITUTE FOR PRANIC HEALING
107 BAYBRIDGE DR. GULF BREEZE, FL 32561

PLEASE PRINT

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

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

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

Basic Pranic Healing Taken : _____ Location: _____ Instructor: _____

Advanced Pranic Healing Taken : _____ Location: _____ Instructor: _____

Pranic Psychotherapy Taken : _____ 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?
If yes, please explain _____ Yes Suspect No
- 6) Do you have history or present serious physical or psychological disorders?
If yes, please explain _____ Yes Undiagnosed No

Arhatic Yoga Review & Practice Information	Early Bird 08/15/10	Early Bird 09/05/10	At the Door	Amount Due
<input type="checkbox"/> Arhatic Yoga Preparatory Level – New September 18-19 Sat & Sun 9:00 am to 8:00 pm	<input type="checkbox"/> \$595	<input type="checkbox"/> \$630	<input type="checkbox"/> \$700	\$
<input type="checkbox"/> Arhatic Yoga Preparatory Level – Review* September 18-19 Sat & Sun 9:00 am to 8:00 pm <small>*Review Fee waived if first AY Prep class was in 2010</small>	<input type="checkbox"/> \$150	<input type="checkbox"/> \$180	<input type="checkbox"/> \$210	\$
<input type="checkbox"/> Yes, I would like to enroll my kid(s) in the PranaKids program: (\$100/weekend)	# Kids:			\$
Name: _____	Age: _____			
Name: _____	Age: _____			
TOTAL AMOUNT DUE:				\$

ACCOMMODATIONS:

Courtyard Marriot • 1236 Executive Park Dr. • Atlanta, GA 30329 **ph: 800-321-2211** (ask for special rates through Sept. 3)

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:** _____



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PAYMENT INFORMATION:

PAYMENT DETAILS Please make checks or money orders payable to: INSTITUTE FOR PRANIC HEALING, INC.					
<input type="checkbox"/> Cash Amount	\$	<input type="checkbox"/> Check Amount	\$	Check#	
<input type="checkbox"/> MasterCard	\$	<input type="checkbox"/> Visa	\$	<input type="checkbox"/> Amex	\$
Credit Card #:				Exp. Date:	
Name:			Signature		
(As it appears on your credit card)			(For credit card payments only)		

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