



38 Miller Ave PMB 516; Mill Valley CA 94941
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Please return this form with payment as soon as possible, preferably by May 1, 2012. PLEASE FILL OUT THE MEDICAL FORM ON THE BACK OF THIS PAGE.

NAME _____

ADDRESS _____

CITY _____ STATE/COUNTRY _____ ZIP _____

TELEPHONE (DAY) _____ (EVE) _____

FAX _____ e-mail _____

ROOM PREFERENCE:(SINGLE ROOMS WILL BE OFFERED AS LONG AS AVAILABLE) TRIPLE or DOUBLE or SINGLE
 Cost per module: \$1495 \$ 1600 \$ 1740
 I AM REGISTERING FOR THE TRAINING MODULE(S): FILL IN AMOUNT BELOW

_____ Music and Transcendence	May 27- June 1	_____	_____	_____
_____ 2012 and Human Destiny :	June 3-8	_____	_____	_____

I AM ALSO REGISTERING FOR THE EXTRA NIGHTS BEFORE AND DURING THE MODULES AS FOLLOWS

Price includes dinner and breakfast:	Cost per night:	\$130	\$ 150	\$ 180
_____ Night of Saturday, May 26	_____	_____	_____	_____
_____ Night of Friday, June 1	_____	_____	_____	_____
_____ Night of Saturday, June 2	_____	_____	_____	_____
_____ Wire transfer (\$10 per transfer) or credit card (\$25 per module) fee (see below)	_____	_____	_____	_____
				Total amount due _____

PAYMENT

Full payment, preferably by check, should accompany this registration, unless you have contacted us to make other arrangements. Those registering from outside of the U.S. have several options. You may pay by funds transfer (instructions below), or send a check or draft made out in U.S. dollars drawn from a U.S. bank. We can also accept Visa or Mastercard, although other forms of payment are preferred. See below.

I am enclosing payment of \$ _____ or I am sending a wire transfer for \$ _____ Please charge my Visa or Mastercard \$ _____. (Please add \$15.00 for bank costs for each transfer, or \$25 PER MODULE for payments made by credit card.) Funds transfers also sometimes incur fees that go to intermediary banks, so ask your bank about that before you send the transfer. If the amount received is too much or too little, we will settle with you at the module. **Contact us for information about work/study or payment plans.**
 If paying by Visa or Mastercard, please print the 16 digit card number, expiration date, and (U.S. only) zip code for the address on your credit card bill.

_____ Exp. date _____ Zip _____

CVC code (3 digit number on back of card) _____ Street address and zip of card billing, if different from above _____

OTHER

I will be driving from _____ flying into New York _____ other (specify) _____
 I am a smoker _____ a non-smoker _____ a snorer _____ I would like to share a room with : _____
 I am vegetarian _____ non-vegetarian _____ I would like a gluten free diet _____

PLEASE READ AND SIGN THE FOLLOWING. YOUR SIGNATURE IS REQUIRED FOR REGISTRATION.

CANCELLATION POLICY

\$50 of your payment per module is a non-refundable processing fee. The balance is refundable upon cancellation until **May 13th**. There can be no refunds or credits for any reason after that date. If you register without sending payment, the cancellation policy still applies, and you will be expected to pay any amounts due.

SUBSTANCE USE POLICY

Use of any non-prescription drugs or other illegal substances is not permitted during the training (including days between modules) or at the training site. Anyone using such drugs or substances during the training module or at the training site will not be allowed to attend the training.

I have read and understand the above cancellation policy and substance use policy.

Signature _____ Date _____

For office use:
 Date rec'd _____ Confo sent _____
 Check # _____ Amount _____
 Notes _____

Information for sending a funds transfer follows. Please add \$10.00 per transfer to cover bank charges. Thank you.
 Account name: Holotropics Phone number: 415 383-8779 Bank address:
 Account number: 0245 061940 Bank number: 121 000 248 18 Miller Ave.
 Bank name: Wells Fargo Bank Swift ID# WFBUIUS65 Mill Valley, CA 94941

Medical Form for Holotropic Breathwork

Breathwork is intended as a personal growth experience and should not be looked upon as a substitute for psychotherapy. Holotropic Breathwork can involve dramatic experiences accompanied by strong emotional and physical release. This workshop is not appropriate for pregnant women, or for persons with cardiovascular problems, severe hypertension, some diagnosed psychiatric conditions, recent surgery or fractures, acute infectious illness or epilepsy, or active spiritual emergency.

If you have any doubt about whether you should participate, it is essential that you consult your physician or therapist as well as the workshop organizers before attending.

The answers to the following questions are to assist your facilitators and will be kept strictly confidential. Please answer all questions as completely as possible.

1. Do you have a past history of, have been diagnosed with, or are currently experiencing, any of the following:

YES NO

- | | | |
|---|-------|-------|
| A) Cardiovascular disease, including heart attacks
and any cardiovascular surgery | _____ | _____ |
| B) High blood pressure | _____ | _____ |
| C) Diagnosed psychiatric condition | _____ | _____ |
| D) Recent surgery | _____ | _____ |
| E) Past or recent physical injuries, including fractures or dislocations | _____ | _____ |
| F) Present or current infectious or communicable diseases | _____ | _____ |
| G) Glaucoma | _____ | _____ |
| H) Retinal detachment | _____ | _____ |
| I) Epilepsy | _____ | _____ |
| J) Osteoporosis | _____ | _____ |
| K) Asthma (If yes, please bring your inhaler to the workshop) | _____ | _____ |
| 2. Are you currently pregnant? | _____ | _____ |
| 3. Have you been hospitalized in the past 20 years for significant medical issues? | _____ | _____ |
| 4. Have you ever been psychiatrically hospitalized? | _____ | _____ |
| 5. Are you currently in therapy or involved in any type of support group? | _____ | _____ |
| 6. Are you currently taking any type of medication? Describe on back. | _____ | _____ |
| 7. Is there anything else about your physical or emotional status we should
be aware of? | _____ | _____ |
| 8. Emergency contact : name _____ phone _____ | | |

If you answer "yes" to any of these questions, it is essential that you explain your answer on the back or on an attached page.

This medical form must be received by your workshop organizer as part of your registration. We cannot send your confirmation letter until we've received your medical form

PLEASE READ AND SIGN THE FOLLOWING STATEMENT:

I hereby confirm that I have read and understood the above information, and have answered all questions completely and honestly, and have not withheld any information. My general health, as far as I am aware, is good.

Signature & please also print your name

Age

Gender

Date

I have experienced Holotropic Breathwork before: Y or N ____