

38 Miller Avenue PMB 516 Mill Valley CA 94941 Phone# (415) 383-8779 Fax# (415) 382-1073 gtt@holotropic.com www.holotropic.com

Warm greetings,

We hope you can make it to the gorgeous mountains of Taos and the welcoming Columbine Inn for the 2017 summer modules. These six-day retreats offer a unique opportunity to deepen your process of self-exploration. The first week will be **The Holotropic Paradigm: The Psyche, The Inner Healer and Moving Towards Wholeness** with **Tav Sparks.** This module brings the history, philosophy and principles of Holotropic Breathwork alive. The second week brings the highly enjoyable and extremely useful **Music and Transcendence** with **Diana Medina**.

These six day residential retreats are designed for anyone who is interested in the topics or in the journey of self-exploration, discovery and transformation. And for those who are moving toward becoming a certified practitioner of Holotropic Breathwork, both modules count towards certification and both are required topics. Lenore Reinhart will again bring her cooking and baking magic.

To register for either or both weeks, please complete the registration and medical forms at the end of this flyer and return to gtt@holotropic.com or to the postal address shown above.

These modules are open events and suitable for both participants interested in the training program and for those interested in the adventure of self discovery for personal growth.

If you are already a certified HB practitioner, your fee is reduced by \$150. If you are certified, either module counts toward your requirement for continuing professional development.

WHAT AND WHEN:

<u>The Holotropic Paradigm: The Psyche, The Inner Healer and Moving towards Wholeness</u> (open to all, and counts as a required topic for those getting certified). Sunday, July 30, to Friday, August 4, 2017 with **Tav Sparks** and GTT staff.

This module offers an exciting exploration of the philosophy, principles and strategies underlying the experience and practice of Holotropic Breathwork. Topics covered include: 1) the power of the "inner healer" and moving towards wholeness; 2) presence: the disciplines required to become an effective Holotropic Breathwork practitioner; 3) COEX's: how the inner healer orchestrates transformation through our experiences of the psyche; 4) exploration of the frontiers of the psyche through Movie YogaTM; 5) session stories: valuable teachings from practitioners through their work with breathers; 6) open forums focusing on every facet of the Holotropic experience; 7) dance, meditation, music journeys and nature celebration.

<u>Music and Transcendence</u> (open to all, and counts as a required topic for those getting certified). Sunday, August 6, to Friday, August 11, 2017, with **Diana Medina** and GTT staff.

This workshop is a transformative journey through the world of music. Sound and rhythm have always been vital creative and spiritual tools for transformation. Music has even been called the language of the soul. This is a special opportunity to learn first hand the music structure that defines Holotropic Breathwork in such a special way. In addition we'll also explore other meaningful strategies that help make the Holotropic perspective an essential tool for everyday living. This module covers: 1) Holotropic music: its history, theory and practice: detailed discussion of three-part music structure, with demonstration of specific pieces for each section, the sound system quality & power requirements; 2) Holotropic group work; its history, theory and practice; discussion of common group experiences & challenging situations; 3) COEX systems: how we work with multi-level patterns; 4) Demonstration of relaxation; 5) Facilitator self-care; 6) Practical information for conducting your own workshop.

See bios for Tav Sparks and Diana Medina on the GTT website holotropic.com

Registration: Sundays, July 30 and August 6 at 9:30 am. Each module will start after registration, approximately 10:30 am Departure: Fridays, August 4 and 11, after morning session, approximately 1:00 pm

DAILY SCHEDULE: Except for the first and last days (see directly above), this will be the approximate daily schedule:

 Breakfast:
 8:00 - 9:00 am
 Afternoon session:
 2:30 pm

 Begin:
 9:00 am
 Dinner:
 6:00 pm

 Lunch:
 12:30 - 2:00 pm
 End:
 9:30-10:00 pm

WHERE: Columbine Inn and Conference Center, PO Box 19, Taos Ski Valley, NM 87925 Phone: 575 776-5723 Fax: 575 776-1326 e-mail: psgeilen@taosnet.com

IMPORTANT: Please have people contact you at The Columbine Inn, not through the GTT office.

The Columbine Inn and Conference Center is a lovely small ski lodge about 12 miles from the main ski area in the village of Taos Ski Valley. It is set in the trees with hiking trails nearby, has decks and a hot tub. Each room is comfortably furnished with two queen beds, a private bathroom, phone and television, plus free high-speed internet. A guest computer is also available in the lobby. No pets, please.

AT THE COLUMBINE: You will be asked to provide a credit card number to the hotel at the time of check-in. You will not be charged for your room or meals during the time of the training, or the nights before or between, as listed above. But they want to have the card on hand in case of incidental charges such as long distance calls or damages.

BEING IN TAOS SKI VALLEY: Although it is also mentioned in your travel information, keep in mind the altitude. And the climate is very dry so think about hydration. Consider bringing sunscreen and layered clothing for cool mornings and evenings.

ACCOMMODATIONS: There are two rooming options: single and double. We hope to be able to accommodate everyone's first choice. Some people may have rooms at the Austinghaus, where we also have our meals. If you want a double and have a roommate in mind, please let us know. If there are more singles requested than available, we will let you know that you will be in a double. Similarly, if an **odd** number of persons request doubles, the last person to register will be notified and he or she will be asked to pay the difference.

COST: *Including training, room and meals:* double - \$1575 single - \$1810 for registrations and payment received before June 17. Double \$1625, single \$1860 for registration and payments received after June 17.

IMPORTANT: In these cases, if we cannot give you your first choice of rooming, your fee will be adjusted to match the actual rooming situation you occupy. We will also do our best to match you with a roommate who is staying the same extra nights, but if that doesn't work out, the cost will reflect the actual rooming (single or double).

ADDITIONAL ACCOMMODATIONS FOR EXTRA NIGHTS: Arrangements for any additional nights' lodging before or between the modules that are not included in your training fees must be made through GTT on the registration form. Because we will be charged for them, if you have a cancellation or no-show for extra nights after the cancellation cutoff date for the modules, we will not be able to give refunds or credit. Rates for extra nights are as follows: Extra nights before or between, including dinner and breakfast: double \$120, single \$145.

MEALS. Meals will begin on Sunday at lunch and go through Friday at breakfast. All meals in between are included. Sunday morning breakfast will be on your own unless you have a room for that night.

IMPORTANT NOTE ABOUT SPECIAL REQUESTS: Beyond asking if you are a vegetarianor gluten free, we cannot accommodate special dietary requests. Each meal will offer choices, however, if having special food is important to you, please plan to bring what you need.

TRANSPORTATION: Let us know if you'd like a travel information sheet for airport, shuttle, and driving directions.

WHAT TO BRING: Comfortable clothes, walking shoes or hiking boots, warm jacket, rain gear, flashlight, personal journal (also available in our bookstore), sunscreen, water bottle, swimsuit.

IMPORTANT NOTE: Participants will not be allowed to take pillows, blankets, or mattresses from sleeping rooms into the group room. Mats and sheets (but not pillows) are provided, but we encourage anyone who wants to bring their own mat or bedding to do so.

REGISTRATION FEES: Your fees will include tuition, meals and lodging as indicated above. Payment should be made with your registration, please send by July 15. Check with us for availablity after that date. Please make checks payable to: GROF TRANSPERSONAL TRAINING.

CANCELLATION POLICY: \$100 of your payment per each module or certification is a nonrefundable processing fee. The balance is refundable upon cancellation until July 15. There can be no refunds for any reason after that date. If you send a registration form without sending a payment, the cancellation policy still applies and you will be expected to pay any amounts due.

SUBSTANCE USE POLICY: Use of any alcohol, nonprescription drugs or other illegal substances is not permitted during the training, including time off between modules, or at the training site. Anyone using alcohol, drugs or illegal substances during the training or between modules at the training site will not be allowed to continue in the training program.

Warmly,

Cary and Holly GTT office



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Please return this form with payment as soon as possible, preferably by June 17, 2017. PLEASE ALSO COMPLETE AND RETURN THE MEDICAL FORM INCLUDED IN THS REGISTRATION PACK.

| NAME | | | |
|---|--|--|--|
| ADDRESS | | | |
| CITYSTATE/COUNTRYZIP | | | |
| TELEPHONE (DAY)(EVE) | | | |
| FAXe-mail | | | |
| ROOM PREFERENCE: (SINGLE ROOMS WILL BE OFFERED AS LONG AS AVAILABLE) Earlybird registration (registration and payment received by June 17) Cost per module: Regular registration rate (registrations received after June 17) Cost per module: I AM REGISTERING FOR THE TRAINING MODULE(S): DOUBLE OR SINGLE \$1575 \$1810 \$1625 \$1860 FILL IN AMOUNT BELOW | | | |
| The Holotropic Paradigm July 30-August 4 | | | |
| Music and Transcendence August 6-11 | | | |
| I AM ALSO REGISTERING FOR THE EXTRA NIGHTS BEFORE AND DURING THE MODULES AS FOLLOWS Price includes dinner and breakfast: Night of Saturday, July 29 Night of Friday, August 4 Night of Saturday, August 5 Credit card fee (\$25 per module - see below) | | | |
| Total amount due: | | | |
| PAYMENT Full payment, preferably by check, should accompany this registration. We can also accept Visa or Mastercard, although they incur fees, so checks are preferred. See below. | | | |
| I am enclosing payment of \$ Please charge my Visa or Mastercard \$ (Please add \$ \$25 per module for payments made by credit card.) Paypal account is workshop@holotropic.com , and please make sure you add any Paypal fees. 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 CVC code | | | |
| (3 digit number on back of card) ZIP Street address and zip of card billing, if different from above | | | |
| OTHER I will be driving from flying into Albuquerque flying into Santa Fe 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 \$100 of your payment per module is a non-refundable processing fee. The balance is refundable upon cancellation until July 15 . 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 alcohol, or 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 of 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 | | | |

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 – adding further information at the end of the form where there are any 'yes' answers:

| Do you have a past history of, have you been diagnosed with, or are you | | |
|---|-----------|----|
| currently experiencing any of the following: | Yes | No |
| Cardiovascular disease, including heart attacks, any cardiovascular surgery or | | |
| any cardiovascular symptoms such as angina or arrhythmia | | |
| High blood pressure | | |
| Strokes, TIAs, seizures, or other brain or neurological conditions | | |
| Diagnosed psychiatric condition | | |
| Recent surgery | | |
| Past or recent physical injuries, including fractures or dislocations | | |
| Present or current infectious or communicable diseases | | |
| Glaucoma | | |
| Retinal detachment | | |
| Epilepsy | | |
| Osteoporosis | | |
| Asthma (if yes please bring your inhaler to the workshop | | |
| Other information: | | |
| Are you currently pregnant? | | |
| Have you been hospitalized in the past 20 years for significant medical | | |
| issues? | | |
| Have you ever been psychiatrically hospitalized? | | |
| Are you currently in therapy or involved in any type of support group? | | |
| Are you currently taking any type of medication? (if yes, please list) | | |
| Is there anything else about your physical or emotional status we should be aware of? | | |
| analo on | | |
| Emergency contact information: | | |
| Name phone | | |
| If you answer "yes" to any of these questions, it is essential that you e answer on the back or on an attached page. | xplain yo | ur |
| PLEASE READ AND SIGN THE FOLLOWING STATEMENT: I hereby confirm that I have read and understood the above information, and have questions completely and honestly, and have not withheld any information. My ger as I am aware, is good. | | |

Date

Age

Gender

Signature & please also print your name