The Center for Pranic Healing, Inc.

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Toll Free (877) 787-3792 Telephone (201) 896-8500 Fax (201) 896-8501

New Arhatic
Prep Students
please paste
recent picture
here

☐ New
☐ Review

MCKS Arhatic Yoga Preparatory Level
March 18-20, 2022 at The Sheraton Hotel, Mahwah, NJ

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	2nd Early Bird By 2/28/2022	Reg Price After 2/28/2022	Amount Due
☐ Arhatic Yoga Preparatory Level – New March 16-17, Wed and Thur 9am to 7pm	☐ $675	☐ $725	☐
☐ Arhatic Yoga Preparatory Level - Review March 16-17, Wed and Thur 9am to 7pm	☐ $210	☐ $210	☐
For NEW Arhatic Yoga Prep Students only: ☐ COMBO AY Prep + Retreat March 16-17 (Prep) and March 18-20 (Retreat)	☐ $1125	☐ $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)