

New Arhatic
Prep Students
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MCKS Arhatic Yoga Preparatory Level
March 11-12, 2026 at The Center for Pranic Healing

PLEASE PRINT

Name: Mr./Ms./Mrs.			☐ M ☐ F	Birth Date:
Address:		City:	State:	Zip Code:
Telephone (Home):		Cell:	E-Mail:	
Basic Pranic Healing date:		Location:	Instructor:	
Advanced Pranic Healing date:		Location:	Instructor:	
Pranic 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 Preparatory Level Information	Early Bird By 02/27/26	Reg Price After 02/27/26
Arhatic Prep March 11-12, 2026, Sat. & Sun. 9am to 5pm	☐ \$810	☐ \$900

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:** _____
(Please use the Fill & Sign button on Adobe Acrobat to sign this form)

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 #:					
Name:			Signature:		
(As it appears on your credit card)			(For credit card payments only)		
			(Please use the Fill & Sign button on Adobe Acrobat to sign this form)		