

## The Center for Pranic Healing, Inc.

420 Valley Brook Avenue Lyndhurst, New Jersey 07071 Toll Free (877) 787-3792 Telephone (201) 896-8500 Fax (201) 896-8501 New Arhatic Prep Students please paste recent picture here

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

Advanced Pranic Healing date:	PLEASE PRINT								
Telephone (Home):  Basic Pranic Healing date:  Location:  Location:  Instructor:  Advanced Pranic Healing date:  Location:  Instructor:  Instructor:  Instructor:  Instructor:  CONFIDENTIAL STUDENT DATA (PLEASE ANSWER ALL QUESTIONS)  I) Do you smoke?  I) Do you smoke?  I) Do you take drugs?  I) Do you drink alcoholic beverages?  I) Wegetarian  I) Wegetarian  I) Non-Vegetarian  I) Non-Vegetarian  I) Non-Vegetarian  I) Non-Vegetarian  I) Non-Vegetarian  I) Non-Vegetarian  I) Do you have history or present serious physical or psychological disorders?  If yes, please explain  I) Do you have history or present serious physical or psychological disorders?  II yes, please explain  Arhatic Yoga Preparatory Level Information  If yes, please explain  Arhatic Prep March 11-12, 2026, Sat. & Sun. 9am to  Spm  WAIVER: I promise that I will not give, teach, or divulge the techniques and teachings derived from the workshops to anyone without tristitute for Inner Studies' written approval. I promise not to misuse the knowledge that I derived from the workshops. I also acknowled that the courses developed by Master Choa Kok Sui are copyrighted and are not to be reproduced in any way without written approval.  SIGNATURE:  (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 #:  Amex #:  Credit Card #:  Name:  (As it appears on your credit card)  (For credit card payments only)	Name: Mr./Ms./Mrs.			F	Birth Date:				
Basic Pranic Healing date:   Location:   Instructor:   Advanced Pranic Healing date:   Location:   Instructor:   Pranic Psychotherapy date:   Location:   Instructor:   Pranic Psychotherapy date:   Location:   Instructor:	Address:	City:			State:	Zip Code:			
Advanced Pranic Healing date: Location: Instructor: Pranic Psychotherapy date: Location: Instructor: I	Telephone (Home):		Cell:		E-Mail:				
Pranic Psychotherapy date: Location: Instructor:  CONFIDENTIAL STUDENT DATA (PLEASE ANSWER ALL QUESTIONS)  1) Do you smoke?   Yes   Rarely   No   No   2) Do you take drugs?   Yes   Rarely   No   No   3) Do you drink alcoholic beverages?   Yes   Rarely   No   No   4) What is your diet?  5) Have you been diagnosed or had history of contagious diseases or other illnesses?   Yes   Suspect   No   1If yes, please explain   Superation   Suspect   No   1If yes, please explain   Superation   Suspect   No   1If yes, please explain   Superation   Suspect   Suspect   No   1If yes, please explain   Superation   Suspect   Suspect   No    Arhatic Yoga Preparatory Level Information   Superation   Suspect   Suspect   Suspect   Suspect   No    Arhatic Prep   March 11-12, 2026, Sat. & Sun. 9am to   Suspect   Suspe			Location:		Instructor:				
CONFIDENTIAL STUDENT DATA (PLEASE ANSWER ALL QUESTIONS)  1) Do you smoke?			Location:						
Do you smoke?	Pranic Psychotherapy date	otherapy date: Location:				Instructor:			
2) Do you take drugs?	CONFIDENTIAL STUDEN	NT DATA (PLEASE AN	SWER ALL QUE	STIONS)					
3) Do you drink alcoholic beverages?    Yes	1) Do you smoke?	☐ Yes	☐ Rarely ☐ N		□ No				
4) What is your diet?   Vegetarian   Non-Vegetarian   Non	2) Do you take drugs?				☐ Yes	☐ Yes ☐ Rarely		□ No	
Suspect	3) Do you drink alcoholic beverages?				☐ Yes	☐ Yes ☐ Rarely		□ No	
If yes, please explain  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   Reg Price After   02/27/26   02/27/26   02/27/26   02/27/26    Arhatic Prep   March 11-12, 2026, Sat. & Sun. 9am to   \$810   \$900   \$900    WAIVER: I promise that I will not give, teach, or divulge the techniques and teachings derived from the workshops to anyone without: Institute for Inner Studies' written approval. I promise not to misuse the knowledge that I derived from the workshops. I also acknowled that the course developed by Master Choa Kok Sui are copyrighted and are not to be reproduced in any way without written approval. SIGNATURE:   DATE:   DATE:    PAYMENT DETAILS Please make checks or money orders payable to: CENTER FOR PRANIC HEALING, INC.   Cash Amount:   Check Amount:   Check #:   Amex #:   Credit Card #:   Visa #:   Amex #:   Credit Card #:   Name:   Signature:   (For credit card payments only)	4) What is your diet?				☐ Vegetarian	☐ Vegetarian ☐ Non-Ve		1	
Arhatic Yoga Preparatory Level Information  Arhatic Prep March 11-12, 2026, Sat. & Sun. 9am to  Spm  WAIVER: I promise that I will not give, teach, or divulge the techniques and teachings derived from the workshops to anyone without Institute for Inner Studies' written approval. I promise not to misuse the knowledge that I derived from the workshops. I also acknowle that the courses developed by Master Choa Kok Sui are copyrighted and are not to be reproduced in any way without written approval.  SIGNATURE:  (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:  MasterCard #:  Check #:  MasterCard #:  Credit Card #:  Name:  (As it appears on your credit card)  (For credit card payments only)	5) Have you been diagnosed or had history of contagious diseases or other illnesses?				☐ Yes	Yes Suspec		□ No	
Institute for Inner Studies' written approval. I promise not to misuse the knowledge that I derived from the workshops. I also acknowled that the courses developed by Master Choa Kok Sui are copyrighted and are not to be reproduced in any way without written approval.    SIGNATURE:	Arnatic Yoga Preparatory Level Information  02/27/  Arhatic Prep  March 11-12, 2026, Sat. & Sun. 9am to					26 02/27/26			
Name: Signature: (For credit card payments only)	Institute for Inner Studie that the courses develop SIGNATURE:  PAYMENT DETAILS P Cash Amount: MasterCard #:	es' written approval. I proped by Master Choa Kok be use the Fill & Sign button	or money orders  Check Amount:	suse the knowledge ited and are not to b t to sign this form)	DATE:  TER FOR PRANI  Che	om the work any way wi  IC HEALIN eck #:	kshops. I also ithout written	acknowledge	
(As it appears on your credit card) (For credit card payments only)				Signature:					
(Please use the Fill & Sign button on Adobe Acrobat to sign this for		As it appears on your cred	dit card)		(For cred	it card payn	nents only)		