

New Arhatic  
Prep Students  
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**MCKS Arhatic Yoga Preparatory Level**  
**October 31st - November 1st, 2026 at**  
**The Center for Pranic Healing NJ**  
**420 Valley Brook Ave, Lyndhurst, NJ 07071**

**PLEASE PRINT**

Name: Mr./Ms./Mrs.		<input type="checkbox"/> M	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> Rarely	<input type="checkbox"/> No
2) Do you take drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> Rarely	<input type="checkbox"/> No
3) Do you drink alcoholic beverages?	<input type="checkbox"/> Yes	<input type="checkbox"/> Rarely	<input type="checkbox"/> No
4) What is your diet?	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Non-Vegetarian	
5) Have you been diagnosed or had history of contagious diseases or other illnesses?	<input type="checkbox"/> Yes	<input type="checkbox"/> Suspect	<input type="checkbox"/> 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 10/15/26	Reg Price After 10/15/26
<b>Arhatic Prep</b> <b>October 31st - November 1st, 2026</b> Sat. & Sun. 9am to 5pm	<input type="checkbox"/> \$810	<input type="checkbox"/> \$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)				