

New Arhatic  
Prep Students  
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New  
 Review

**MCKS Arhatic Yoga Preparatory Level  
March 6-7, 2019 at The Center for Pranic Healing**

**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	Early Bird By 9/30/2018	2nd Early Bird By 1/15/2019	Reg Price After 1/15/2019	Amount Due
<input type="checkbox"/> Arhatic Yoga Preparatory Level – New Mar 6-7 Wed and Thur 9am to 7pm	<input type="checkbox"/> \$625	<input type="checkbox"/> \$675	<input type="checkbox"/> \$725	
<input type="checkbox"/> Arhatic Yoga Preparatory Level - Review Mar 6-7 Wed and Thur 9am to 7pm	<input type="checkbox"/> \$150	<input type="checkbox"/> \$210	<input type="checkbox"/> \$210	
<u>For NEW Arhatic Yoga Prep Students only:</u>				
<input type="checkbox"/> COMBO AY Prep + Retreat Mar 6-7 (Prep) and March 8-10 (Retreat)	<input type="checkbox"/> \$1025	<input type="checkbox"/> \$1125	<input type="checkbox"/> \$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)