



Meditation Course Registration

Date: _____ Location: _____ Course Fee: _____

Check One: Primordial Sound: _____ EVERYDAY Meditation: _____

Name _____

Phones (_____) _____ (_____) _____

Billing/Mailing Address _____

City _____ State _____ Zip _____

Email Address _____

Occupation _____ How did you hear of the course? _____

Have you had instruction in meditation? _____ If yes, which one? _____ When? _____

Health Issues: Mental/Physical/Emotional/Medications (confidential) _____

What do you hope to gain from the course? _____

For the Primordial Sound Meditation Course ONLY please include your:

Birth Data: Month (Spell it out) _____ Day _____ Year _____

Time (if necessary, approximate) _____ AM, PM, Morn, Eve, Midnight, Noon

Place of Birth: City _____ State _____ County _____

How to Register: By phone call (928) 204-0067 or send this completed application to: Sedona Meditation Training Co., P.O. Box 1178, Sedona, AZ 86339, or fax it to (866) 654-1705 or email a copy to sedonameditation@gmail.com. Include full payment for the course. If you haven't received one already, a confirmation letter will be emailed to you with more information. Cancellation policy: If you should have to cancel unexpectedly your deposit is fully refundable less a 20% cancellation fee if you cancel in writing at least 7 days before the program. After that date, it is non-refundable, but is transferable and can be applied within a year (less the cancellation fee) to another program with the Sedona Meditation Training Co. If you cancel less than 24 hours before the program, your deposit will be forfeited. MC, Visa, or AMEX and checks are welcome. **MC, Visa, AMEX, paypal, and checks are welcome.**

Deposit: CC # _____ Exp _____

Signature _____ Date _____

My decision to learn to meditate is a personal decision. I have not been made any promises or warranties that I will receive any benefits or specific results and I understand the meditation practice is not a substitute for treatment or services ordinarily provided by professional health care providers. I further understand that any instruction given to me during the meditation course is for me personally and may not be appropriate for others. In consideration for teaching the meditation course, I hereby agree to hold Sarah McLean, and Sedona Meditation Training Co, harmless in any claims brought by me, or on my behalf, which contradict the above. My signature above constitutes my acceptance of the conditions expressed in the agreement.

OFFICE USE: Course Fee _____ Deposit Rec'd _____ Paid by _____ Bal Due _____ Conf _____
CC _____ Eval _____ QB _____ BD _____ # _____