



**Meditation Course Registration (Check one) \_\_\_ PSM \_\_\_ Meditation 101**

**Course date:** \_\_\_\_\_ **Course Location** \_\_\_\_\_

Name \_\_\_\_\_

Phones (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ How did you hear of the course? \_\_\_\_\_

Occupation \_\_\_\_\_ Age \_\_\_\_\_

Have you ever been instructed in a mantra meditation technique? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which one? \_\_\_\_\_ Date Instructed \_\_\_\_\_ Do you still practice? \_\_\_\_\_

List Health Issues: Mental/Physical \_\_\_\_\_

Medications you are taking \_\_\_\_\_

For the Primordial Sound Meditation Course 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 \_\_\_\_\_

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. I understand the meditation practice is not a substitute for treatment or services ordinarily provided by health care professionals for physiological or psychological complaints. 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, The Chopra Center, Infinite Possibilities Knowledge LLC, Illumine LLC, and their officers, agents, and employees harmless in any claims brought by me, or on my behalf, which contradict the above. My signature below constitutes my acceptance of the conditions expressed in the agreement.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please submit this form with a \$60 course deposit five days in advance of the scheduled course. The deposit can be made by check or credit card and is non-refundable, however, it can be applied in full to another meditation course with the instructor. Call in to register by phone (928) 204-0067, or send this completed application to: Sarah McLean, Meditation Instruction, P.O. Box 1178, Sedona, AZ 86339, or email it to: meditate@esedona.net, or fax it to (866) 654-1705. The balance of the course is due at the time of instruction and can be paid by check, Discover, Visa or MasterCard.

Deposit Info: MC or VISA # \_\_\_\_\_ Exp \_\_\_\_\_

**OFFICE USE ONLY:**

Course Date \_\_\_\_\_ Location \_\_\_\_\_ Conf Sent \_\_\_\_\_ IPK \_\_\_\_\_ Sound \_\_\_\_\_

Course Fee \_\_\_\_\_ Deposit Rec'd \_\_\_\_\_ Bal Due \_\_\_\_\_ Eval \_\_\_\_\_ BD \_\_\_\_\_