

The Center for Pranic Healing, Inc.

290 Grant Avenue Lyndhurst, New Jersey 07071
Toll Free (877) 787-3792 Telephone (201) 896-8500 Fax (201) 896-8501

MASTER CHOA KOK SUI ARHATIC YOGA LEVEL I & II

MCKS Arhatic Yoga Meditation Center
4829 County Rt. 6, Bovina Center, NY 13740
April 28, 2008

PLEASE PRINT

Name: Mr./Ms./Mrs. _____ M F Birth Date: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Tel (Home): _____ (Cell): _____ E-Mail: _____

Date Arhatic Prep Taken: ____ / ____ / ____ Location: _____ Instructor: _____

CONFIDENTIAL STUDENT DATA (PLEASE ANSWER ALL QUESTIONS)

- 1) Do you smoke? Yes No
2) Do you take drugs? Yes No
3) Do you drink alcoholic beverages? Yes No
4) What is your diet? Vegetarian Non-Vegetarian
5) Do you have history or present serious physical or psychological disorders?
 Yes No
If yes, please explain _____
6) Have you been diagnosed or had history of contagious diseases or other illnesses?
 Yes No
If yes, please explain _____

WORKSHOP INFORMATION:

	APR 15	AT THE DOOR	AMOUNT DUE
ARHATIC YOGA LEVEL I & II NEW	\$ 810	\$ 900	
ARHATIC YOGA LEVEL I & II REVIEW	\$ 210	\$ 270	
ARHATIC YOGA LEVEL I & II NEW AND KRIYASHAKTI NEW	\$ 1,425	\$ 1,675	
ARHATIC YOGA LEVEL I & II NEW AND KRIYASHAKTI NEW AND HIGHER CLAIRVOYANCE	\$ 1,740	\$ 2,175	
TOTAL AMOUNT DUE			

WAIVER:

I promise that I will not give, teach or divulge the techniques and teachings derived from the workshops to anyone without Master Choa Kok Sui's 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 his written approval.

SIGNATURE: _____ DATE: _____

- Yes I would like to stay at the Ashram for Thurs, Apr. 24 Fri, Apr 25 Sat, Apr 26 Sun, Apr 27 Mon, Apr 28 (Rate: \$38.00/night)
Please note that there is no single or double occupancy at the Ashram. It could anywhere be from 3 people to 6 (two people sharing beds) in one room.
Need to cancel reservation 10 days in advance or a \$50.00 charge will be assessed.
- Yes - I would like to purchase meals (lunch and dinner) for Fri, Apr 25 Sat, Apr 26 Sun, Apr 27 Mon, Apr 28 (Fee - \$39.00/day)
 Yes - I need transportation to and from the MCKS Arhatic Yoga Meditation Center. (Please add \$60.00 for transportation fee)
 Yes - I would like to volunteer to drive one of the vans to the venue and back.
 Yes - I would like to have a roommate(s). Please help me in finding one roommate two roommates
 Yes - I would like to volunteer for other services where help is needed.

AIR TRAVEL:

Use Newark (EWR) or LaGuardia (LGA) airports. Please arrive by 2:00pm latest on Friday April 25th. The MCKS meditation center is 3 hours away from New York City. The bus will leave from the Center for Pranic Healing at 3:30pm on Friday April 25th. As a form of service volunteers will provide transportation from Newark and LaGuardia airports Friday April 25th to the Center for Pranic Healing. There will be a bus returning attendees to NJ on Sunday departing Bovina, NY around 7pm and arriving in NJ around 10pm. A second bus will depart on Monday April 28th at 7:30pm to return attendees to NJ. Kindly schedule return flights on Monday April 28th, if you are taking AY Level I & II please fly out on Tuesday April 29th. The Center for Pranic Healing and volunteers will not provide transportation outside of these recommended arrivals and departure times.

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PAYMENT INFORMATION FOR MCKS WORKSHOPS:

PAYMENT DETAILS: Please make checks or money orders payable to: THE 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)

FOR PAYMENT PLAN ARRANGEMENTS ONLY (Kindly complete all information)

Total Balance Due \$ _____

IF PAYING BY CREDIT CARD:

I hereby authorize the Center for Pranic Healing, Inc. to charge the following credit card: Visa \$ _____ MC \$ _____ Amex: \$ _____

CC# _____ Exp. Date _____ on the _____ of each month

Name (as it appears on credit card): _____

Signature: _____ Date: _____

IF PAYING BY CHECK:

I promise to send a check payment of \$ _____ for a period of _____ months to the Center for Pranic Healing.

Signature: _____ Date: _____

For Office Use Only					
Received checks:					
Check #:	Check date:	Amount:\$	Check #:	Check date:	Amount:\$
Check #:	Check date:	Amount:\$	Check #:	Check date:	Amount:\$
Check #:	Check date:	Amount:\$	Check #:	Check date:	Amount:\$
Check #:	Check date:	Amount:\$	Check #:	Check date:	Amount:\$
Check #:	Check date:	Amount:\$	Check #:	Check date:	Amount:\$

PLEASE READ AND SIGN PROMISSORY NOTE (REQUIRED)

I promise to fulfill my financial obligation to the Center for Pranic Healing, Inc as stated above. I understand that this is my full responsibility and that every effort will be made by me to fulfill this obligation.

Name: _____
Please print legibly

Signature: _____