

BioDynamic™ Breathwork Practitioner Training

Registration Form

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Applicants must complete the information below and include the following:

1. A bio, including your studies and work field experience
2. A short statement indicating your primary interest in learning BioDynamic Breathwork, and about any life experiences you feel are relevant to this statement

All information submitted on this application will be held in strict confidence by Energy of Breath Institute's Directors.

Name _____

Address _____

City _____ State _____ Zip _____

Phone (W) _____ (H) _____ (Cell) _____

Email _____

Your Date of Birth (month/day/year) _____

Social Security # _____ Drivers License # & State _____

Level of Education: BA/BS _____ MA _____ Ph.D. _____ Other _____

Professional Occupation _____

Do you hold a healthcare practitioner license? _____ If so, which state? _____

License #: _____ License Expiration Date: _____

Do you have any grievances, complaints or actions pending or upheld against you for misconduct as a professional

by any licensing, regulating, or associative body? _____

*If yes, please provide full details and copies of relevant information.

Medical problems or allergies (asthma, heart disease, diabetes, etc.) _____

Name of medications currently taken _____

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Are you presently or have you ever been under psychiatric care? If so, please specify

Do you use any recreational drugs? _____

Do you have any special needs we might be able to help you with? _____

In case of emergency, contact: _____

Please read and sign below:

I, the named and undersigned have truthfully answered all of the questions above and have provided complete and accurate answers to them. I agree to make Energy of Breath Institute aware of any changes in my medical condition during the Training. I understand that the BioDynamic Breathwork Practitioner Training (the Training) can be physically and emotionally intense. I agree to release from all liability and hold harmless the coordinators of the training, its agents, session givers and class givers, and Energy of Breath Institute from any legal suit, physical or emotional harm, property loss or damage that may result from attendance at or travel to and from the Training. I acknowledge that I am required to inform the staff about relevant psychiatric history, infectious diseases, drug use, and all present health conditions before participation in the training. I hereby agree to respect and preserve the confidentiality of all information concerning the identity, history, and behavior of everyone in the Training.

Legal Name (print) _____

Legal Signature _____ Date (m/d/y) _____

BioDynamic™ Breathwork Practitioner Training TUITION:

Tuition 205 hours: \$ 5100

Plus Costa Rica Aquabreath Special Skills Training 95 hours (optional): \$ 1250

If paid in full 2 months prior to September 7, 2008: \$ 4800 (plus Costa Rica \$ 1250)

Payments can be made by paypal to info@energyofbreath.com –please note credit card payments via paypal will add on 4% transaction charge.

Payments can also be made by check to **Energy Of Breath Institute**.

Payments can be arranged in three monthly installments, but must be paid in full prior to September 1st, 2008.

Refund policy: Up to 1 month prior to September 7, 2008 (by August 7, 2008): Full tuition refund

Within 1 month prior to September 7, 2008: 50% tuition refund

Following 1st week of Training up to 2nd week: 25% tuition refund

After 2nd week: no refund

Thank You, We look forward to your participation!