

**Application Form for
The Breath of Life: An Introduction to Biodynamic Craniosacral Therapy**

Name: _____ Home Phone: _____
Street: _____ Work Phone: _____
City: _____ Cell Phone: _____
State, Zip: _____ Email: _____
Date of Birth: _____ Age: _____ Gender (circle) : M / F
Person to contact in case of emergency: _____ Relationship: _____
Address: _____
Home phone: _____ Work Phone: _____ Cell Phone: _____
Current Occupation: _____

How did you hear about this training? _____

Are you interested in the full two-year program? (circle): Yes / No / Maybe

What is your intention in taking this seminar?

Please use separate sheet to answer these questions if necessary.

Summarize your health education experience, specify professional training:

Summarize your experience as a professional in the health field:

Please briefly describe current health condition & medical history:

Do you receive therapy? What kind? With whom?

Any other relevant information:

Any other information to support your application:

Dates and Location of seminar you are applying for: _____

Please send your deposit of \$150 with the completed application form to the course organizer.

Make checks payable to Cherionna Menzam or the sponsoring school as indicated by the course organizer (e.g. Kutenai Institute of Integral Therapies).

Visa and MasterCard also accepted. Additional fees apply. Please call or email for details.

Deposit Policy: \$150.00 (refunded if your application is not accepted). Deposit is deducted from course tuition total. If you withdraw, your deposit is non refundable. The balance is due 2 weeks before the seminar starts.