

Membership #:

Date:



## Aromansse Level 1 Meditation Class

Send your form and cheque or bring it to our Winnipeg Studio at 313 Kenny street Winnipeg, R2H 3E7.  
Your cheque will be cashed only a week before your class starts.

E-transfer at [alex@aromansse.com](mailto:alex@aromansse.com)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Name you like to be called \_\_\_\_\_ Date of birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Home phone:( \_\_\_\_\_ ) \_\_\_\_\_ Work:( \_\_\_\_\_ ) \_\_\_\_\_ Cell:( \_\_\_\_\_ ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Married: \_\_\_\_\_ Children: \_\_\_\_\_ Occupation: \_\_\_\_\_

Presently on medication? (specify kind and amount)

\_\_\_\_\_

Any chronic or major illnesses, or physical limitations we should know about? \_\_\_\_\_

General health? \_\_\_\_\_ Do you smoke? \_\_\_\_\_

Have you ever taken or practiced meditation before?

\_\_\_\_\_

Have you utilized any Hemi-Sync tapes or CDs since your Program participation? \_\_\_\_\_

If so, which ones and how often have you used them?

\_\_\_\_\_

How did you hear about us?

\_\_\_\_\_

What other Aromansse programs have you attended?

\_\_\_\_\_

Have you ever had a massage? (How often)

\_\_\_\_\_

Have you ever taken or practiced Yoga before?

\_\_\_\_\_

Have you experienced energetic work? E.g., Reiki, Therapeutic touch etc.

\_\_\_\_\_

What areas of personal development do you feel you need most?

\_\_\_\_\_

What specifically about this program motivates you to attend?

\_\_\_\_\_

\_\_\_\_\_

Anything else about you that would be useful for your Aromansse instructor to know?

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, desire to participate in the Aromansse Program entitled

Level 1 Meditation, scheduled to be held at The Aromansse Winnipeg Studio.

I enclose my entire meditation course fee of \$ 210, tax included on or before the first day of class.  
Tuition is not refundable.

What is your method of payment?

Cheque       Post-dated cheques       Cash or debit       e-Transfer

**Signature**