

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

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 \$ 220, 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