Date:		
Date:		



## **The Aromansse -- Program Application**

MEDITATION LEVEL: \_\_\_\_\_

First Name:	Last Name:			
Name you like to be called	Date of bir	th: Se	ex:	
Address:				
City:	State/Prov.:	Postal Code: _		Country:
Home phone:( )	Business phone:(	)	_ Fax:(	)
E-mail:				
Married: Children:	Occupation:	_		
Anything that your instructor sh				
I,, sch				e Program entitled
I enclose my entire meditation α Γuition is not refundable.	course fee of \$220, tax in	cluded on or befo	ore the first	day of class.
What is your method of paymen	nt?			
Cheque Post	-dated cheques	Cash C e-	-Transfer	Credit Card