

The Self Centre International, LLC
P.O. Box 37, St. John, VI 00831
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**Primordial Sound Meditation
Application Form**

For Office Use Only
Mantra:

Please Print Clearly (one application per person)

Name _____ Ph. (day) _____
Address _____ Ph. (eve) _____
_____ E-mail _____

Date of Birth: Month _____ Day _____ Year _____
Place of Birth: City _____ State _____ COUNTRY _____
Time of Birth: _____ (circle) **AM / PM**
Please approximate if necessary. (Examples: between 2 a.m. and 4 a.m. or around 7 p.m.).
If you do not know your time of birth, it is best to put "unknown".

Have you ever been instructed in a MANTRA MEDITATION technique? Yes _____ No _____
If YES, which one? _____ Date Instructed _____ Do you still practice it? _____
How is your health? Mental _____ Physical _____
Please list any *prescribed* medication you are taking _____

Disclaimer

"My decision to learn Primordial Sound Meditation (PSM) is a personal decision. I have not been made any promises or warranties that I will receive any benefits or specific results.
I understand that the PSM is not a substitute for treatments or services ordinarily provided by health care professionals for physiological or psychological complaints.
I further understand that any instructions given to me during the PSM is for me personally and may not be appropriate instruction for others.
In consideration for teaching the PSM, I hereby agree to hold Infinite Possibilities Knowledge, LLC, and their officers, agents, employees harmless in any claims brought by me, or on my behalf which contradict the above.

My signature below constitutes my acceptance of the conditions expressed in this agreement."

Signature _____ Date _____

PAYMENT INFORMATION: Place of Instruction _____ Course Dates _____
Please check:

___ I am a full-time VI resident. ___ I am a full-time stateside resident
___ Paid in full: amount enclosed \$ _____ check # _____ Check payable to The Self Centre International
___ \$70 deposit Balance to be paid at the start of the course. Payment plans available upon request.

Mail completed application with payment to: Jan Kinder, P.O. Box 37, St. John, VI 00831