

To register, please print out this application and complete. Then, mail it to us with your check for the tuition.

please print clearly

NAME _____ PHONE (____) _____

EMAIL: _____

ADDRESS: _____

(#,street)

city state zip country

Class date desired: _____

FEMALE / MALE AGE _____ OCCUPATION _____

DATE OF BIRTH: Month _____ Day _____ Year _____

PLACE OF BIRTH: City _____ State _____ Country _____

TIME OF BIRTH: (Please approximate if necessary): _____ AM / PM

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 medications you are taking _____

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 treatment 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 for others. In consideration for teaching the PSM, I hereby agree to hold Priscilla Ramirez and Infinite Possibilities Knowledge, LLC, and their officers, agents and employees harmless from any and all complaints, claims or liabilities of any kind whatsoever, that I may have now or in the future or that may be brought by me, or on my behalf.

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

Signature _____ Date _____

MAIL TO

Priscilla Ramirez

P.O. Box 40286

Austin, TX. 78704