

# Grof Transpersonal Training

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## REGISTRATION FORM

Certification Intensive, Taos Ski Valley, New Mexico, July 9-22, 2017

Please return this form with at least half of your payment by May 22, 2017. The balance is due by June 22, 2017.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE/COUNTRY \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE (mobile) \_\_\_\_\_ (other) \_\_\_\_\_

FAX \_\_\_\_\_ e-mail \_\_\_\_\_

ROOM CHOICE WILL DEPEND ON AVAILABILITY:

I AM REGISTERING FOR THE TWO-WEEK CERTIFICATION CLOSING INTENSIVE:  
Certification will start at 4pm on the 9<sup>th</sup> July and will close with a celebration night of the 21<sup>st</sup> July.  
Departure will be after breakfast on the 22<sup>nd</sup> July.

	Amount	Sending now
Double room	\$3435	_____
Single room	\$4035	_____
Total amount payable ( including extra night, bank or credit card fees etc as appropriate)		_____

### PAYMENT

Full payment , preferably by check **should** accompany this registration, unless you have contacted us to make other arrangements. Those registering from outside of the U.S. have several options. You may pay by wire transfer (instructions below), or send a check made out in U.S. dollars drawn from a U.S. bank. We can also accept Visa, Mastercard, or Discover. See below.

I am enclosing payment of \$ \_\_\_\_\_ or I am sending a wire transfer for \$ \_\_\_\_\_ Please charge my Visa or Mastercard \$ \_\_\_\_\_. (Please add \$15.00 for bank costs for wire transfers and \$50 for payments made by credit card.) If the amount is more or less we will settle with you at the module. Payment can also be made by paypal to: [workshop@holotropic.com](mailto:workshop@holotropic.com) , please add any paypal fees to the amount you are sending. **Contact us for information about work/study or payment plans.**

If paying by Visa or Mastercard, please print the 16 digit card number, expiration date, and (U.S. only) zip code for the address on your credit card bill.

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp.date \_\_\_\_\_

3 digit code on back of card \_\_\_\_\_ Cardholder address if different from above \_\_\_\_\_

### OTHER

I will be driving from \_\_\_\_\_ flying into Albuquerque \_\_\_\_\_ flying into Santa Fe \_\_\_\_\_ other (specify) \_\_\_\_\_

I am a smoker \_\_\_\_\_ a non-smoker \_\_\_\_\_ a snorer \_\_\_\_\_ I would like to share a room with : \_\_\_\_\_

I am vegetarian \_\_\_\_\_ non-vegetarian \_\_\_\_\_ I have celiac disease \_\_\_\_\_

**PLEASE READ AND SIGN THE FOLLOWING. YOUR SIGNATURE IS REQUIRED FOR REGISTRATION.**

### CANCELLATION POLICY

\$100 of your payment per module is a non-refundable processing fee. The balance, minus cc or wire fees, is refundable upon cancellation until **July 1**. There can be no refunds or credits for any reason after that date. If you register without sending payment, the cancellation policy still applies, and you will be expected to pay any amounts due.

### SUBSTANCE USE POLICY

Use of any nonprescription drugs or other illegal substances is not permitted during the training (including days between modules) or at the training site. Anyone using such drugs or substances during the training module or at the training site will not be allowed to attend the training or become certified.

I have read and understand the above cancellation policy and substance use policy.

Signature \_\_\_\_\_ Date \_\_\_\_\_

For office use: Date rec'd \_\_\_\_\_ Confo sent \_\_\_\_\_ charges. Thank you.

Check # \_\_\_\_\_ Amount \_\_\_\_\_

Notes \_\_\_\_\_

## Medical Form for Holotropic Breathwork

Breathwork is intended as a personal growth experience and should not be looked upon as a substitute for psychotherapy. Holotropic Breathwork can involve dramatic experiences accompanied by strong emotional and physical release. This workshop is not appropriate for pregnant women, or for persons with cardiovascular problems, severe hypertension, some diagnosed psychiatric conditions, recent surgery or fractures, acute infectious illness or epilepsy, or active spiritual emergency.

If you have any doubt about whether you should participate, it is essential that you consult your physician or therapist as well as the workshop organizers before attending.

The answers to the following questions are to assist your facilitators and will be kept strictly confidential.

**Please answer all questions as completely as possible – adding further information at the end of the form where there are any ‘yes’ answers:**

Do you have a past history of, have you been diagnosed with, or are you currently experiencing any of the following:	YES	NO
Cardiovascular disease, including heart attacks and any cardiovascular surgery?		
High blood pressure		
Diagnosed psychiatric condition		
Recent surgery		
Past or recent physical injuries, including fractures or dislocations		
Present or current infectious or communicable diseases		
Glaucoma		
Retinal detachment		
Epilepsy		
Osteoporosis		
Asthma (if yes please bring your inhaler to the workshop)		
<b>Other information:</b>		
Are you currently pregnant?		
Have you been hospitalized in the past 20 years for significant medical issues?		
Have you ever been psychiatrically hospitalized?		
Are you currently in therapy or involved in any type of support group?		
Are you currently taking any type of medication? (if yes, please list)		
Is there anything else about your physical or emotional status we should be aware of?		

Emergency contact information:

Name \_\_\_\_\_ phone \_\_\_\_\_

**If you answer "yes" to any of these questions, it is essential that you explain your answer on the back or on an attached page.**

PLEASE READ AND SIGN THE FOLLOWING STATEMENT:

I hereby confirm that I have read and understood the above information, and have answered all questions completely and honestly, and have not withheld any information. My general health, as far as I am aware, is good.

\_\_\_\_\_  
Signature & please also print your name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Age

\_\_\_\_\_  
Gender

**I have experienced Holotropic Breathwork before:    Yes/No**