HOLOTROPIC BREATHWORK REGISTRATION

NAME: _____

Email:_____

Can I add you to my mailing list for future events ?_____

ADDRESS: _____

PHONE NUMBER: _____

EMERGENCY CONTACT NUMBER_____

REFERED BY _____
(Please use back for further explanations)

1. HAVE YOU PARTICIPATED IN HOLOTROPIC BREATHWORK BEFORE ? IF YES WITH WHOM AND WHEN ?

2. WHAT BRINGS YOU TO WANT TO ENGAGE IN THIS PROCESS AT THIS TIME ?

3. HAVE YOU DONE OTHER TYPES OF NON ORDINARY STATES WORK ? WHAT KIND?AND/OR HAVE YOU HAD NON ORDINARY STATES KIND OF EXPERIENCES?

4. ARE YOU CURRENTLY IN THERAPY AND/OR ANY OTHER SUPPORT GROUPS ?

5. WHAT DO YOU DO TO SUPPORT YOUR PSYCHOSPIRITUAL GROWTH ?

6. DO YOU HAVE ANY CONCERNS OR QUESTIONS ABOUT PARTICIPATING IN THIS WORK ?