



Program Application (Confidential)

An application is required for every program registration. Please check the program and write in the program dates: _____

- | | | | | |
|---|---|---|---|--|
| <input type="checkbox"/> The Shaman's Heart | <input type="checkbox"/> Heartline | <input type="checkbox"/> New Year's Program | <input type="checkbox"/> Silent Retreat | <input type="checkbox"/> Other : _____ |
| <input type="checkbox"/> Conscious Presence | <input type="checkbox"/> Lifeline® | <input type="checkbox"/> OBE Intensive | <input type="checkbox"/> Starlines | _____ |
| <input type="checkbox"/> Exploration 27® | <input type="checkbox"/> Lucid Dreaming | <input type="checkbox"/> Opening to Stillness | <input type="checkbox"/> Starlines II | |
| <input type="checkbox"/> Gateway Voyage® | <input type="checkbox"/> MC2 | <input type="checkbox"/> Remote Viewing | <input type="checkbox"/> Timeline | |
| <input type="checkbox"/> Guidelines® | | | | |

Name: _____ Name you like to be called: _____

Address: _____

City: _____ State/Province: _____ Postal Code: _____ Country: _____

Home Phone: _____ Business Phone: _____ Cell: _____

Email: _____ Date of Birth: _____ Sex: Female Male

Occupation: _____ Check here if you are taking this course for CE credits (see page 2 for details)

Level of Education: High School College Graduate work Other _____

In case of emergency contact:

Name: _____ Phone: _____ Relationship: _____

Address: _____

Special dietary needs: None Vegetarian Other, please list: _____

Food allergies: _____ Height: _____ Weight: _____

Do you smoke? Yes No Presently on medication? No Yes If yes, specify kind and amount: _____

Any chronic or major illnesses or physical limitations we should know about? No Yes If yes, please specify: _____

If you require special assistance, please contact the registration coordinator to notify us of your special needs by calling 1-434-361-1500.

Within the last six months, have you taken (or has a health professional advised you to take) any prescription medications or drugs which: a) affect your mental processes or mood; or b) treat a "chemical imbalance"? No Yes If yes, please specify: _____

Have you undergone psychotherapy/analysis? No Yes From: _____ To: _____

Name and address of therapist: _____

Phone: _____

For what reason(s): _____

Have you ever been hospitalized for mental breakdown or illness? No Yes If yes, please include details (diagnosis and medications - use additional paper if necessary): _____



Have you had any seizures? No Yes Do you have epilepsy? No Yes

Do you have any special dislikes/intolerances? _____

Participation in any other mind training activities (TM, Silva, etc.): _____

Have you attended any other Monroe Institute programs? No Yes If yes, please list which ones:

Have you used any Hemi-Sync® exercises? No Yes If yes, have you had any difficulties? No Yes

If yes, please explain: _____

Have you used any SAM™ exercises? No Yes If yes, have you had any difficulties? No Yes

If yes, please explain: _____

What specifically about this program motivates you to attend, and what benefits do you hope to receive? _____

How did you learn of The Monroe Institute? _____



Registration Fees

The program fee includes tuition, lodging and meals. Before we can confirm your registration, your application and the required **400,00€** deposit must be received. The balance of the program fee is due no later than **30 days prior** to the first day of the program.

Method of Payment for the deposit. *(You must complete one option.)*

Bank account to:

“The Monroe Institute Italia” - Via Fornaci, 92 – 35129 PADOVA - ITALY

IBAN: **IT49P0760112100001017595438** - BIC/SWIFT: **BPPIITRRXXX**

Paypal account : **info@monroeinstitute.it**

Method of Payment for the balance due. *(You must complete one option and validate with your signature.)*

- I will send the payment or contact The Monroe Institute prior to 30 days in advance of the start of the program.
- I will pay by cash or credit card on the first day of the program

Signature: _____ Date: _____

Cancellation/Transfer Policy

Due to the advance planning required by program participants and TMI staff, it is necessary that we administer the following policy.

- ❖ If for any reason you are not accepted into the program, any payments you have submitted will be refunded in full.
- ❖ If you choose to transfer to another program you may do so one time, with no fee, as long as the transfer is complete more than 14 days before the start of the program. If you transfer within 14 days of the program a fee of \$100 will apply.
- ❖ If you cancel your program more than 14 days before the start of the program a €100 fee will apply. If you cancel within 14 days of the program a fee of € 300 will apply.
- ❖ If you do not attend a program you are registered for, without prior approval from the Registration Coordinator, all payments you submitted may not be refunded.
- ❖ You may transfer money to another program one-time at no charge. Any transfer thereafter, will result in a \$100 fee per transfer.

The Monroe Institute (TMI) reserves the right to cancel a program 30 days in advance of the program date if there is not sufficient enrollment. If we (TMI) cancel your program, you will be notified and given the option to transfer monies paid to another program or to receive a full refund of monies paid.

*****We recommend that you do NOT book flight or hotel reservations until 30 days before your program as TMI will not be responsible for costs incurred due to cancellations.*****



Dear Participant,

In the past, many participants have entered our programs with the expectation that they would achieve an out-of-body state. While our programs do aid many individuals towards this goal, we must stress strongly that we offer no guarantees or warranties that the sessions and the continued exercises at home will give the participant an out-of-body experience. The variation between individuals is too great for us to make any predictions or guarantees.

TMI programs are not therapeutic in design, intent, or methodology and are not a substitute for medical treatment, psychotherapy, or any health program. We retain the right to determine if a participant may or may not continue with our sessions and program. If we deem an individual unsuited for continuation in a session or in the entire program, we will return the balance of his/her fee on a pro-rated basis.

Terms and Conditions

In consideration of the mutual benefits which are expected to arise out of the activities which I intend to engage in under the sponsorship of The Monroe Institute, and especially of the benefits, educational and otherwise, which I myself expect to derive, I hereby release and forever discharge The Monroe Institute, Monroe Products and all officers, directors, employees, agents, representatives and/or volunteers and the successors of either from all claims and demands whatsoever which I, my heirs, executors, administrators and assigns have, or may have, against them by reason of any physical injury and mental and emotional issues of any nature whatsoever which I might suffer during or after my participation in the Program, my participation in any research conducted by the Companies during the program, my use of their facilities, Lake Miranon and/or the swimming pool, and I hereby expressly declare that any such activities are entered into by me voluntarily in an effort to increase my knowledge of the subjects under investigation

I understand that, during the course of my program, there may be disclosed to me certain trade secrets of the Companies, including methods, processes, formulae, compositions, inventions, machines, computer programs and information regarding research projects and/or the results thereof. I shall not, during or at any time after the termination of my affiliation with the Companies, use for myself or others, or disclose or divulge to others, any such trade secrets, confidential information, or any other data or materials of the Companies without prior permission.

I understand that the materials presented by The Monroe Institute in this Program are intended solely for use by Program participants. I will not use the materials for any purpose other than my own personal use and agree not to copy, resell, reproduce and sell, modify and sell, or repackage and sell the materials.

I represent that I have not registered in the Program to handle a physical, mental, or emotional problem. Further, I know of no recurring symptoms, physical or mental, which suggest to me that I may not be able to handle the types of activities described to me as part of the Program.

I agree to the above terms and conditions and certify that the answers given by me on this application are true and complete to the best of my knowledge. I also agree to advise The Monroe Institute Registration Coordinator, if between the time I send in this form and the time my Program begins, I experience any alteration in health or my mental condition that would affect my answers on this application.

Applicant's Signature: _____ Date: _____

If you are under 18 years of age, your parent or legal guardian must read and sign below:

As parent or legal guardian of the above-named minor, I give my permission for my child to take the program.

Parent's Signature: _____ Date: _____

Mail your application to

The Monroe Institute Italia,
info@monroeinstitute.it - mobile (+39)-349-3656.168 - Via Fornaci, 92 – 35129 Padova – Italy

*Please note: The Monroe Institute is committed to providing an environment free from sexual and other forms of harassment.
Any harassment is unlawful and will not be tolerated by The Monroe Institute.*