Omega Institute Workshop Application Form

Workshop Title: *Radical Awareness as Survival: Healing From Invalidating & Antagonistic Relationships*
Faculty: Dr. Ramani Durvasula
Dates: June 19-21, 2026

Thank you for your interest in this program. Because of the unique format and limited space, participation is by application. Please complete and sign (signature required on page 2) the following brief form so we can ensure this experience is a good fit for you and the group.

Please return via email to: ClassApplications@eOmega.org with the subject line: Dr. Ramani at Omega

1. Contact Information

- Full Name: _____
- Email: _____
- Phone: _____

* City_____ State_____

2. What do you hope to get out of this retreat?

3. Relevant Experience

Have you participated in any of Dr. Ramani's prior programs or similar workshops
☐ Yes ☐ No

If yes, please describe briefly and list where it was located: _____

4. Check all of the types of narcissistic relationships that brought you to this retreat and that you want to focus on healing from while here.

☐Romantic partner or spouse
☐Parent
☐Sibling
☐Child (adult)
☐Other family member (e.g., in-law, extended family)
☐Friend
☐Workplace relationship (e.g., boss, coworker, colleague)
☐Community or faith-based relationship (e.g., leader, mentor)
☐Other (please specify): _____

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5. Agreement

By submitting this application, I understand that acceptance is not guaranteed, and that Omega may review applications to ensure a balanced, supportive learning environment.

Signature (type name): _____ Date: _____

Please return your completed and signed form via email to:
ClassApplications@eOmega.org with the subject line: Dr. Ramani at Omega