



PLEASE EMAIL OR MAIL TO OMEGA PRIOR TO THE WORKSHOP:

Scan and Email: ClassApplications@eOmega.org

or

Mail: Omega Institute Attn: Registration Department, 150 Lake Drive, Rhinebeck, NY 12572

HOLOTROPIC BREATHWORK REGISTRATION

NAME: _____

Email: _____

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

ADDRESS: _____

PHONE NUMBER: _____

EMERGENCY CONTACT NUMBER _____

REFERRED 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?

Awakening the Best in the Human Spirit

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 ?