



Advanced Course / Part 2

Course Application Form ~ Confidential

Name: _____ Occupation: _____

Date of Birth _____

Address: _____ City: _____ St: _____

Phone: Home _____

Cell _____

Email: _____

Sex: M F

Course

Location _____ Dates _____

Briefly describe your mental and physical health:

Have you ever been treated for emotional or mental illness?

If you are presently under the care of a physician or mental health professional, or have recently been hospitalized, please describe. Also please list any prescription drugs you are now using.

Please list any long standing health problems or recent health concerns (including high blood pressure, asthma, heart disease, or breathing problems). Please use the back if necessary.

Please list all ART OF LIVING FOUNDATION courses you have completed, including your first Part 1 course and all Part 2 and Advanced Courses.

Type of Course	Date	Location	Teacher(s)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ADVANCED COURSE AGREEMENT

The techniques and processes taught on Advanced Courses are powerful and effective when learned under the personal guidance of a trained teacher in the environment of an Advanced Course. These techniques and processes are offered to Course Participants for their own personal development and only under the strict personal supervision and guidance a teacher. The techniques and processes taught during the Advanced Courses are confidential and are to be used by Course Participants only for their own personal development. By signing this Agreement below it is hereby agreed by the Course Participant and The Art of Living Foundation that these techniques and processes are private in nature and will not be practiced or taught outside of the environment of an Advanced Course. It is also agreed that if the Course Participant is given a process or technique for home use, that it will be kept private and not be passed on to anyone, either written or verbally, without the written permission of The Art of Living Foundation. By signing below, the Course Participant also agrees to abstain from taking notes or making recordings of any processes or talks while on the Advanced Course. Thank you for your understanding.

I understand that there is a cancellation fee specific to each course, usually equal to the expense portion. I take responsibility for contacting the local coordinator to find out the cancellation date and amount.

Signed: _____
Date _____

Deposits (expense) for Advanced courses may be paid to your local coordinator
_____ by check, cash or money order
(No personal checks).

Course Participant (print name)

FOR COORDINATORS USE

Deposit Required _____
Balance Due _____
Paid in Full _____
Date _____