



Santa Fe Regional Avatar® Course

fax: 415-276-1972 www.InternationalAvatarCourse.com www.avatarepc.com

Student Application to Register Mar. 27-Apr. 4

The 2010 International Avatar Courses
Orlando Florida:
one course per form

July 3 – 11

The 2010 Avatar Masters Courses:

May 29 – Jun 6

The 2010 Avatar Professional Course:

Oct 16 – 22

The 2011 Avatar Wizards Course:

Jan 31 -Feb 12, 2011

First Name _____ Family Name _____

Street Address _____

City _____ State: _____ Zip code: _____

Country: _____ Country of Passport _____

Telephone # _____ Cell phone: _____

E-mail _____

Translation Needed: Yes/No Language _____ Course start date: _____

My Master's Name _____

What do you do for a living? _____ Age if under 18: _____

Emergency contact: name _____ Phone number: _____

Relationship to you: _____

- ◆ Registration starts at 8:00 a.m. on Saturday morning.
- ◆ Please fax a copy of this form to: The International Avatar Course; 415-789-0754
- ◆ Fill out your hotel accomodation form and send it in as soon as possible.
- ◆ If you need one, contact: Dan Spaeth. Phone 415 621 8582 djspaeth@pacbell.net

NEW STUDENTS:

- Return this form to your Avatar® Master.
- Please arrange payments with your Avatar® Master.
- I am registering for:
 - _____ The ReSurfacing Workshop. My course fee is: \$295.00
 - _____ Section 2. My course fee is: \$500.00
 - _____ Section 3. My course fee is: \$1500.00
 - _____ The full Avatar® Course. My course fee is: \$2295.00

**USA pricing; prices vary from country to country; if you are not a US citizen, check with your Avatar Master.*

REVIEWING STUDENTS: (Reviewing Masters Use Master Reg Form)

ReSurfacing Review \$80.00; Full Avatar Review \$360.00

Credit card information for reviewers only.

Credit Card#: _____ Exp. Date _____

Amount: _____ Signature: _____

IMPORTANT INFORMATION:

Please answer the following questions so we can be in the best possible position to support you while doing your Avatar course. (Use an extra sheet if necessary). *Note: The Avatar Materials are for self-evolvement; they are not designed to address specific emotional issues, nor are they to be considered as a replacement for medical treatment or sensible psychological counseling.*

1. Are you currently under any medical or psychiatric supervision (including psychotherapy or counseling)? If yes, please explain. Also include dates, duration and outcome: _____
2. Are you currently taking any prescription or recreational drugs? If yes, please give the name of the drug, frequency of usage and purpose of taking: _____
3. Have you ever received psychiatric and/or psychological treatment? If yes, please state purpose, date, duration and outcome. _____
4. Have you ever been subject to a traumatic injury or violent attack? If yes, please give details: _____