

Primordial Sound Meditation Application Form

Name: _____

Address: _____ Phone: _____

_____ Mobile: _____

_____ Email: _____

Occupation: _____ Sex: Male Female

Date of Birth: Day: _____ Month (spell it): _____ Year: _____

Place of Birth: City: _____ Country: _____

Time of Birth (As accurate as possible): _____ AM PM

How accurate is your birth time? (e.g. within 15 minutes) _____

How is your health? Mental: _____ Physical: _____

Current Medication: _____

Where did you hear about Primordial Sound Meditation? _____

Have you read any books or attended lectures by Deepak Chopra? (Please List)

What would you like to achieve by practising Primordial Sound Meditation?

Have you been instructed in a mantra meditation technique previously? _____

If yes, which one? _____ Do you still practise it? _____

Other relevant information: _____

Preferred Course Date: _____

Conditions

I understand that Primordial Sound Meditation is not a substitute for treatment or services ordinarily provided by health care professionals for physiological or psychological complaints. My decision to learn Primordial Sound Meditation is a personal decision. I have not been made any promises or warranties that I will receive any benefits or specific results. I further understand that any instruction given to me during Primordial Sound Meditation is for me personally any may not be appropriate for others.

Signed: _____

Date: _____