SATYANA INSTITUTE WWW.SATYANA.ORG	GENDER RECONCILIATION FACILITATOR TRAINING APPLICATION

Registration Instructions:

There are two options below for registration. Please choose one. Please type or print clearly, completing all information. To ensure your place in the training, please include tuition fee when you submit your applicat

Mail Completed Form and Tuition to:

Satyana Institute
P.O. Box 1324
Freeland, WA 98249
USA

Or email
cynthia@satyana.org

Option One

Registering via Postal Mail (Snail mail)

1. Mail completed form and fees to address on the right.
2. Make check payable to Satyana Institute.

Option Two

Registering Electronically

1. Complete this form in Microsoft Word and email to cynthia@satyana.org
2. An invoice from Paypal for amount due will be emailed to you. Click on the link to Paypal's secure website provided in the email to pay with credit card or check. A receipt will be e-mailed to you when your Paypal transaction has been completed.

Name _____

Address _____

City _____Province/State___ Postal/Zip Code _____

Country _____

Home Phone _____ Work Phone _____

E-mail _____ Cell Phone _____

Occupation_____

Gender: _____

How did you learn about the Gender Reconciliation program?_____

_____

_____Please check here if you would like to be on our mailing list?

As part of the application process, we would like to know more about you and your interest in this program. Please reflect on and respond in writing to the following questions. Your information will be kept confidential and shared only with Satyana Institute training staff.

(over)

1. Why are you interested in Gender Reconciliation program? Why do you want to become a facilitator of this work?

2. What personal and professional skills and experience do you have that might be valuable and support you during this training?

3. List three or more personal goals or aspirations that you have for this training.

4. Do you have a spiritual practice? If so, please tell us about your practice.

5. The Gender Reconciliation training and workshops are experiential and include a variety of different activities and modalities (guided meditation, group process dynamics, psychodrama, holotrophic breathwork, etc.), which by their nature have the potential of awakening new levels of consciousness within an individual. It is important for us as the facilitators of this training to know of any health concerns or issues that you may have currently or in the past. Providing this information will not exclude you from entering the training. Please tell us if you have or have had heart disease, hypertension, depression, episodes of mental illness, or any recent surgeries or hospitalizations.

6. Do you use recreational (mind altering) drugs and/or drink alcohol? If so, what drugs and/or alcohol do you use, how often, and how much?

7. (Optional) If there is anything else you would like to add that seems relevant for us to know about your training candidacy, please do so here.