	ditate Class Reg		
	ela Joy, PhD, LMT, PhD Yoga & Meditation Therapy ir		
Name		_Date:	
Phone Number ()			
Billing/Mailing Address			
City	State	Zip	
Email Address			
Occupation	How did you hear of t	How did you hear of the course?	
Have you had instruction in meditation?	' If yes, what type?	When?	
What do you hope to gain from the cours	5e?		
<b>Register</b> by phone (928) 282-0683, Pamela Joy, 35 View Drive, Sedo or fax it to (928) 237-4430 or email a copy to craniosedonad or send a Paypal payment of \$ 7!	@gmail.com	th full payment to:	
Please include full payment of \$75 for t information. Cancellation policy: If you s a 20% cancellation fee if you cancel in w tuition is non-refundable, but is transfe Pamela Joy. If you cancel less than 24 h	hould have to cancel unexpectedly you riting at least 7 days before the progr rable within a year (less the cancellation	r payment is fully refundable lese am. After that date, your on fee) to another program with	
MC, Visa, AMEX#		ExpCVV	
Signature		Date	
My decision to learn to meditate is a personal d		warranties that I will receive any	

benefits or specific results and I understand the meditation practice is not a substitute for treatment or services ordinarily provided by professional health care providers. I further understand that any instruction given to me during the meditation course is for me personally and may not be appropriate for others. In consideration for teaching the meditation course, I hereby agree to hold Pamela Joy harmless in any claims brought by me, or on my behalf, which contradict the above. My signature above constitutes my acceptance of this agreement.