



Minneapolis Regional Avatar® Course

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

Student Application to Register Jul. 31 – Aug. 8, 2010

AVATAR REGIONAL COURSES

3900 Maple Shores Dr
Excelsior, MN 55331
tel 651-491-1980
fax 415-276-1972
KatWizard@aol.com

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 8:15 a.m. on Saturday morning.

Please fax a copy of this form to Regional Avatar Course, 415-276-1972

Fill out your hotel accommodation form and send it in as soon as possible.

If you need one, contact: Dan Spaeth, djspaeth@pacbell.net

The International Avatar Course

Oct 30 – Nov 7, 2010
Orlando, Florida

The Avatar Masters Courses

Sept 4 – 12, 2010

The Avatar Professional Course

Oct 16 – 22, 2010

The Avatar Wizards Course

Jan 31 – Feb 12, 2011

NEW STUDENTS:

- Return this form to your Avatar Master.
- Please arrange payments with your Avatar Master.
- I am applying to register 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 USA 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: _____