



**Application Form for
The Breath of Life: An Introduction to Biodynamic
Craniosacral Therapy
Kutenai Institute of Integral Therapies**



Name: _____ Home Phone: _____

Street: _____ Work Phone: _____

City: _____ Cell Phone: _____

Province, Postal Code: _____ Email: _____

Date of Birth _____ Gender (circle): M / F

Person to contact in case of emergency: _____ Relationship: _____

Address: _____

Home phone: _____ Work Phone: _____ Cell Phone: _____

Current Occupation: _____

How did you hear about this training? _____

Are you interested in the full two-year program? (circle): Yes / No / Maybe

What is your intention in taking this seminar?

Please use separate sheet to answer these questions if necessary.

Summarize your health education experience, specify professional training:

Summarize your experience as a professional in the health field:

Please briefly describe current health condition & medical history:

Do you receive therapy? What kind? With whom?

Any other relevant information:

Any other information to support your application:

Dates of seminar you are applying for: _____

Please attach a recent photo of yourself and send this completed form to:

Kutenai Institute Of Integral Therapies 1502 Stanley Street Nelson, BC V1L 1R3	E-mail: info@kutenaiinstitute.com Phone: (250) 352-1655
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Please send your deposit of \$150 with the completed application form to the course organizer.

Make checks payable to Kutenai Institute of Integral Therapies.

Visa and MasterCard also accepted through Paypal . Additional fees apply. Please call or email for details.

Deposit Policy: \$150.00 (refunded if your application is not accepted). Deposit is deducted from course tuition total. If you withdraw, your deposit is non refundable. The balance is due 2 weeks before the seminar starts.