# Beginners' Meditation Program

## Registration Form

Date: _____

Name: _____

Address: _____ Apt. ____ City _____State ____ Zip: _____

Phone: (M) _____ (W) _____

Email: _____

How did you hear about Mika/this Program? _____

Meditation experience (style, length of experience, centers, names of teachers, etc.)

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Why would you like to learn meditation? Please be specific.

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What is your focus in life currently?

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Please check any if interested.

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|---|---|---|
| Healing | Reiki – Energy Healing | Spiritual counseling |
| Acupuncture | Nutrition | Stress management |
| Herbs | Chanting | Yoga |
| Qi Gong | Feng Shui | Others (  ) |