



Meditation Teacher Training Application/Registration

CONTACT INFORMATION

First & Last Name:
Prefers to be referred as:
Address (incl postal code):
Date of Birth:
Email:
Cell /Primary Phone#:

PROFESSIONAL/EDUCATIONAL QUALIFICATIONS

Degree/Diplomas/Certificates, Year
Obtained, University/Institute

Program/Training Name	Year	University/Institute

Licensed/Designation

Current Employment/Life Focus:

Past Employment/Life Focus:

Areas of Specialization within Meditation/Healthcare/Mental Health if any/Advanced Training

Meditation Experience (Please describe your meditation experience and incorporate the following questions)

This information will assist us in best supporting your studies and practice during the training.

What style and what tradition is your meditation practice?

How frequently do you practice and for what length of time?

What year did you begin your practice?

Have you worked closely with any particular teachers, and if so, whom?

Have you participated in any meditation retreats (please give approximate dates & duration)

Personal Statement and Information. In order for us to best support you during the training, please complete the following.

1. Please describe what inspires you to participate in this program, and what you hope to gain from attending this training.

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2. Are there any concerns related to your physical and/or psychological health that may impact your capacity to participate and function in the meditation practice or didactics during the training? If so, please describe below.

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Please feel free to provide any further information about yourself that may be relevant to this application.

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Emergency Contact Information

Name:	Phone #:

How did you hear about this program?

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Declaration: I hereby attest that all statements on this application/registration form are true and complete in all respects, and no relevant information has been withheld. I agree and abide by the policies and regulations of X-Hale Meditation and Wellness Centre.

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Signature of Application _____ Date: _____

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Please EMAIL complete applications/registrations and documents to: info@xhaletoronto.org
Hard copies of Application Forms are NOT accepted. *Incomplete applications will not be considered.

<p>Please indicate the form of payment chosen: <input type="checkbox"/> Paypal Invoice <input type="checkbox"/> Credit Card: Card number: _____ Expiry: ___/___ Security Code: _____ Postal Code: _____ *All fees are payable to X-Hale Meditation & Wellness Centre.</p>

Please review the program catalogue for details on dates, times and complete curriculum.

REGISTRATION & TUITION PAYMENT

Meditation Teacher Training Certificate Program

Total Tuition: \$2500 plus HST (\$325) = \$2825 (Paid by April 1, 2019)

Total Tuition \$3500 plus HST (\$455) = \$3955 (After April 1, 2019)

All tuition due by April 30, 2019

*Payment options may be available to support those who are unable to meet these deadlines.

REFUND POLICIES & CANCELLATIONS

Students/participants who wish to withdraw or cancel enrolment in the program must provide formal written notice to the Program Directors. Students are not eligible for any refunds without formal written notice.

*No refunds or credits will be issued on service fees.

Refunds for withdrawals or cancellations prior to the commencement of the program:

A) Full tuition is refunded less a \$250 administration fee if notice is received within 60 calendar days before the first day of the training.

B) Subject to A, the full tuition is refunded less 50% if notice is received less than 30 calendar days before the commencement of the program.

C) No refunds or credits will be issued once the program begins.

WAIVER

I, the participant release the organizers of the training and their directors, sponsors, employees and agents from any liability for death, disability, injury and property damage. The participant acknowledges the risks involved with participating in the program, and **assumes all responsibility**, and waives any claims s/he may have. The participant agrees that they have informed the organizers of any relevant medical/health (physical or mental) concerns that they may have.

SIGNATURE & AGREEMENT

In signing this form, I am acknowledging that I have read, understand and agree to the refund and cancellation policies and waiver, and understand and agree that a default in my tuition obligations for this program will be submitted to a third party and may affect my credit rating.

Signature of Applicant/Participant: _____ Date: _____

OFFICE USE ONLY

Registration Date: _____

PAYMENT

Full Payment: _____ CC Trans #: _____

ADDITIONAL COMMENTS