



Student Registration Form

Star's Edge Trainers' International Avatar® Course

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(415) 331-3479; fax 801-749-4511

Name: _____

Address _____

City _____ State _____ Zip code _____

Country _____

Telephone # _____

Fax # _____

E-mail _____

My Master's Name: _____

NEW STUDENTS:

Please pay the following fees to **your Avatar Master** and return this form to them.

- I am registering for the ReSurfacing Workshop.
My course fees are: \$295.00
- I am registering for the Avatar Course.
My course fees are: \$2295.00

REVIEWING STUDENTS:

You are welcome to pay by credit card or check.
Checks are payable to: **the International Avatar Course**
Return this form with your deposit or full payment.

- I will be reviewing the ReSurfacing Workshop
Enclosed is my fee of \$80
- I will be reviewing the Avatar Course
Enclosed is my fee of \$360 (or my \$100 deposit)

Credit Card #: _____

Amount: _____ Exp. date _____

Signature: _____

2003 Courses

Please check one

*Please, check one & reserve your room by filling out the accommodation form and sending it to: **the International Avatar® Course***

Student Registration begins at 8:15 a.m. first day of ReSurfacing. Class is from 9:00 a.m. to 7:00 p.m. each day with an hour and a half for lunch.

Orlando, Florida
January 11- 19, 2003

Santa Rosa, CA
May 3 -11, 2003

Orlando, Florida
June 21 - 29, 2003

California, TBA
November 1-9, 2003

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Emergency Contact:

Name: _____

Number: _____

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:

1. Are you currently under any medical or psychiatric supervision? If yes, 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 been subject to a traumatic injury or violent attack? If yes, please give details: _____