

New Arhatic  
Prep Students  
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 New  
 Review

**MCKS Arhatic Yoga Preparatory Level  
June 13-14, 2026 Boca Raton Florida**

**PLEASE PRINT**

Name: Mr./Ms./Mrs. \_\_\_\_\_  M  F Birth Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Tel (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Basic Pranic Healing date: \_\_\_\_\_ Location: \_\_\_\_\_ Instructor: \_\_\_\_\_  
 Advanced Pranic Healing date: \_\_\_\_\_ Location: \_\_\_\_\_ Instructor: \_\_\_\_\_  
 Pranis Psychotherapy date: \_\_\_\_\_ Location: \_\_\_\_\_ Instructor: \_\_\_\_\_

**CONFIDENTIAL STUDENT DATA (PLEASE ANSWER ALL QUESTIONS)**

- 1) Do you smoke?  Yes  Rarely  No
- 2) Do you take drugs?  Yes  Rarely  No
- 3) Do you drink alcoholic beverages?  Yes  Rarely  No
- 4) What is your diet?  Vegetarian  Non-Vegetarian
- 5) Have you been diagnosed or had history of contagious diseases or other illnesses?  
If yes, please explain \_\_\_\_\_  Yes  Suspect  No
- 6) Do you have history or present serious physical or psychological disorders?  
If yes, please explain \_\_\_\_\_  Yes  Undiagnosed  No

Arhatic Yoga Prep Information	Early Bird By 05/31/2026	Reg Price After 05/31/2026	Amount Due
<input type="checkbox"/> Arhatic Yoga Preparatory Level – New June 13-14,2026 Sat & Sun 9am to 7pm	<input type="checkbox"/> \$810	<input type="checkbox"/> \$900	<input type="checkbox"/>
<input type="checkbox"/> Arhatic Yoga Preparatory Level - Review June 13-14,2026 Sat & Sun 9am to 7pm	<input type="checkbox"/> \$225	<input type="checkbox"/> \$275	<input type="checkbox"/>

**WAIVER:** I promise that I will not give, teach or divulge the techniques and teachings derived from the workshops to anyone without the Institute for Inner Studies' written approval. I promise not to misuse the knowledge that I derived from the workshops. I also acknowledge that the courses developed by Master Choa Kok Sui are copyrighted and are not to be reproduced in any way without written approval.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PAYMENT INFORMATION:**

**PAYMENT DETAILS Please make checks or money orders payable to: PRANIC HEALING EVENTS LLC**

Cash Amount \$ \_\_\_\_\_  Check Amount \$ \_\_\_\_\_ Check# \_\_\_\_\_  
 MasterCard \$ \_\_\_\_\_  Visa \$ \_\_\_\_\_  Amex \$ \_\_\_\_\_  
 Credit Card #: \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Name: \_\_\_\_\_ Signature \_\_\_\_\_  
 (As it appears on your credit card) (For credit card payments only)