



## D.S.N. 2011 Course Registration Form

<b>Dates:</b> <i>June 2-5, 2011 (Thurs- Sunday)</i>	<b>Timings:</b> <i>June 2, Thurs. 6pm-9pm June 3-5, Fri.-Sun. 7am-8pm</i>	<b>Venue:</b> 139 Corporate Center, Valero St., Salcedo Village, Makati City	<b>Remarks:</b> ● <i>Meals Provided</i> ● <i>Bring Yoga Mat, notebook, pen, water bottle, shawl/sweater, comfortable clothing for exercise</i>
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### Participant's information:

*(Please type on computer and print , or write clearly in BLOCK LETTERS)*

**Name:** \_\_\_\_\_ (Mr / Ms)      **Age:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_      **Nationality:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Tel - (Office):** \_\_\_\_\_      **(Mobile):** \_\_\_\_\_

**(Home):** \_\_\_\_\_      **Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

*Art of Living Course Background (note: Part 1 Course is a Prerequisite)*

Part 1 Course Teacher	_____	Course Dates	_____
Part 2 Course Teacher	_____	Course Dates	_____
DSN Course Teacher	_____	Course Dates	_____
Other Course Name / Teacher	_____	Course Dates	_____

I am interested to attend the 4 day Art of Living DSN Course. I declare that all information on this registration form is complete to the best of my knowledge. I am physically and mentally able to participate in this program and received consent from Art of Living Philippines Inc. in case I am not 21 to 75 years of age. I understand Art of Living Philippines Inc reserves the right to decide on my enrollment. I understand that any benefits derived from this course depend upon the extent of my participation. I therefore, accept full responsibility for the outcome, during and after the course. I willingly agree to follow all instructions, participate fully and commit myself to attend all sessions without any exception. I also agree that I will not disclose the contents of this course to anyone and that I will not attempt to instruct others in any of the techniques used in the course until such time as I have received personal training from Sri Sri Ravi Shankar.

\_\_\_\_\_  
Printed name & signature

\_\_\_\_\_  
Date

### **TO REGISTER**

- Step 1: Deposit Course Contribution to Banco De Oro -**  
S/A # 043-014-7929 Acc Name: "Art of Living Philippines"
- Step 2: E-mail** to [admin@artofliving.org.ph](mailto:admin@artofliving.org.ph) the following
1. This form filled up and signed
  2. Scanned deposit slip. (Please bring hard copy of form & slip on day 1 as well)

#### **Course Contribution**

**Early bird P5,500.00 until May 27, 2011. thereafter P6,500.00**  
**Slots are limited – accepted on First Come First Served basis**

### **FOR FURTHER INQUIRIES**

**Visit:** [www.artofliving.org.ph](http://www.artofliving.org.ph)  
**Text/call:** Tina: 09175551192  
**Email:** [cbejar@gmail.com](mailto:cbejar@gmail.com) or  
[admin@artofliving.org.ph](mailto:admin@artofliving.org.ph)