



# MCLEAN MEDITATION INSTITUTE®

## Meditation Course Registration:

Course: \_\_\_\_\_ Date & Time: \_\_\_\_\_ Fee: \_\_\_\_\_ Location: \_\_\_\_\_

Name \_\_\_\_\_ Interested in CEs? \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Billing/Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Occupation \_\_\_\_\_ How did you hear of the course? \_\_\_\_\_

Have you had instruction in meditation? \_\_\_\_\_ If yes, what type? \_\_\_\_\_ When? \_\_\_\_\_

Health Issues: Mental/Physical/Emotional/Medications (confidential) \_\_\_\_\_

What do you hope to gain from the course? \_\_\_\_\_

**Register by phone (928) 204-0067 or send this completed application with full payment to:** McLean Meditation Institute, P.O. Box 1178, Sedona, AZ 86339. Or fax it to (928) 496-2027, or email [info@mcleanmeditation.com](mailto:info@mcleanmeditation.com). Include full payment using this form or paying via PayPal with this link: [PayPal.Me/mmedidona](https://www.paypal.com/mmc/mmedidona). You'll receive a confirmation with more information.

**Cancellation policy:** If you should have to cancel unexpectedly your payment is fully refundable less a 20% cancellation fee if you cancel in writing at least 7 days before the program. After that date, your tuition is non-refundable, but is transferable and can be applied within a year (less the cancellation fee) to another program with the McLean Meditation Institute. If you cancel less than 24 hours before the program, or don't show up, your payment will be forfeited. MMI reserves the right to cancel programs, retreats and workshops with inadequate enrollment (we typically notify those enrolled no less than 21 days of the event.) MMI is unable to refund any transportation, flight or other incidental expenses incurred. It is suggested you obtain travel insurance. You can review insurance plans here: [www.insuremytrip.com](http://www.insuremytrip.com) , [travelinsurancereview.net](http://travelinsurancereview.net). [www.travelinsurety.com](http://www.travelinsurety.com)

MC/Visa: \_\_\_\_\_ Exp \_\_\_\_\_ CVV \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

My decision to learn to meditate is a personal decision. I haven't been made any promises or warranties that I will receive any specific results. I understand the meditation practice is not a substitute for treatment or services ordinarily provided by professional health care providers. I further understand that any instruction given to me during the course is for me personally and may not be appropriate for others. In consideration for attending the program, I hereby agree to hold Sarah McLean, Illumine LLC, and the McLean Meditation Institute harmless in any claims brought by me, or on my behalf, which contradict the above. My signature above constitutes my acceptance of this agreement.

## For Primordial Sound Meditation Course Only:

Birth Date: Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_ Time: \_\_\_\_\_ AM PM

Place: City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Office Use Only: Pymt amt/type \_\_\_\_\_ Conf sent \_\_\_\_\_ Roster \_\_\_\_\_ cc \_\_\_\_\_