

**Metzner Alchemical Divination  
Training Program  
Registration Form**

Name \_\_\_\_\_ Date \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

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

Tel (1) \_\_\_\_\_ Tel (2) \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Occupation \_\_\_\_\_

Referred by \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Tel \_\_\_\_\_

Enclosed is my deposit of \$500 to hold my space in this workshop:

**Mimir and the Well of Memory – September 9<sup>th</sup> through 14<sup>th</sup>, 2007**

Cost of workshop is \$1750 per person, which includes tuition, training materials and shared room and board. Deposits are non-refundable but can be applied to a subsequent workshop in the series.

I wish to have a single room for an additional \$190.

**Early Bird Discount:** Before May 1<sup>st</sup> \_\_\_\_ \$1450; By July 1<sup>st</sup> \_\_\_\_ \$1600

**Partner Discount:** Cost for second person \_\_\_\_ \$1450

Balance due 30 days prior to start of workshop.

I wish to pay by credit card

Credit Card No. \_\_\_\_\_ Exp \_\_\_\_\_

Date \_\_\_\_\_ Signed \_\_\_\_\_

I wish to pay by check. Make checks payable to Green Earth Foundation

*Statement of Personal Responsibility/Hold Harmless Clause:*

I am choosing to participate in the M.A.D. practices training program, which is designed for purposes of greater self-understanding and personal growth. I understand that this is not designed to treat any medical or psychiatric condition, and I take full responsibility for my own health, safety and well-being. I release and hold harmless both Ralph Metzner and the Green Earth Foundation for any loss, liability or injury that may occur in connection with my participation in the program.

*Non-Disclosure Agreement/Proprietary Information:*

I understand that the presenter will be sharing original research, program design, written and graphic material and exercises during the program. I hereby agree not to publish any of that material, including experiential exercises, in any form – oral, written, audio or visual recordings – without express, written permission in advance.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Mail (both pages: application and registration form) with checks payable to:  
*Green Earth Foundation, P.O. Box 327, El Verano, CA 95433. or FAX: 707-935-8567*