Duplicate As Needed

2008
The Transformational Gate
North American Program Application

The Transformational Gate is an educational weekend retreat focused on developing lifetime strategies to boost your resources for wellness.

(Please print)

First Name _____ Last Name _____

Address _____ City _____

State _____ Zip _____ Country _____

E-Mail _____ Length of time in consistent care _____

Transformational Gate on _____ 2008.

_____

Signature Date of Signing Phone Fax

Attention: Bring a table and you may **WIN A TRANSFORMATIONAL GATE** and also be eligible for the year end drawing for a free Healing in Paradise program! You will receive one entry for each portable table you bring to the program. Please indicate below how many tables you will bring to the program. Thank you. Yes! I will bring # ____ portable table(s) with me to the Gate.

To be eligible to attend The Transformational Gate, **you must be in consistent Network care for a minimum of two months,** and be in a state of clinical readiness as determined by Wise World Seminars and your referring doctor*. Please do not consider yourself registered or make any travel/hotel plans until you have received a confirmation from Wise World Seminars.The Transformational Gate check in begins Friday at 6PM. The program ends approximately 9PM on Sunday evening.

Your registration must include this application, the *Personal History* form, the *Practitioner's* form, as well as the tuition payment of $575.00 made payable to: **WISE WORLD SEMINARS.** Registrations accepted less than 15 days from the event will be $595.00. Payment in full must accompany this application. There is a **nonrefundable, nontransferable $100** deposit included in the tuition fee. Please mail all forms and payments ***(in US funds)*** to the address below.

Please plan to have dinner before commencement of the program.

Wear loose fitting, natural fiber garments that allows for expressive body movement. It is beneficial to register for the Gate with a spouse or life partner to share your personal evolution.

Please support your right to continue to receive Network care by becoming a member of the ANC. If you are not currently a member of the ANC, you may join our general membership by checking the box below and including a $36 annual membership fee payable to ANC.

Early registration is recommended to ensure your space.
Your payment in check or credit card must accompany this application.

Enclosed with this Application:

❒ **Transformational Gate tuition of $** _____

❒ **ANC Annual General Membership $36**

Total Amount Enclosed $ _____

Please Indicate Payment Type:

❒ **Check - #**_____

❒ **Mastercard** ❒ **Visa**

_____ / _____ / _____ / _____ exp. ___ / ___

FOR ADDITIONAL INFORMATION:

WISE WORLD SEMINARS
444 North Main Street
Longmont, Colorado 80501
(tel) 303-678-8086
(fax) 303-678-8089

Visit us on the web at:
www.wiseworldseminars.com

*Must be a Practicing member of the ANC or Part Two Certified