

For office use only
Reg.# _____
Date received _____

Gate Location _____ Date _____

How many Gates have you previously attended ? _____ (list most recent) _____

How many SRI's have you previously attended ? _____ (list most recent) _____

How many HIP's have you previously attended ? _____ (list most recent) _____

2008 Transformational & Eurogate Gate Personal Form

(Please Print)

First Name _____ Last Name _____

Male Female Age _____ Home phone _____ E-Mail _____

Are you a Practice Member D.C. Chiropractic Student C.A. D.C. Spouse SRI WE

Name of your Practitioner: _____

Please answer the following questions. If additional space is needed, use a second piece of paper.

Is there anything special about your spine or your Network/SRI care that you wish to share with the TRANSFORMATIONAL GATE Staff?

Is there anything you would like the TRANSFORMATIONAL GATE Staff to know about your personal development, evolution or wellness? _____

If you are currently taking any medication, please list the medications and reasons for taking the drug(s). _____

Have you broken your skull, any bones or vertebra? If yes, when? Please explain the details. _____

Have you had any surgeries? If yes, when? Please explain: _____

Is there any physical, emotional, mental or chemical trauma which may have occurred to you since your last visit to your Practitioner? _____

Why are you here at THE TRANSFORMATIONAL GATE? _____

Statement of Intent: I understand that this is an Educational Seminar, from which I may experience a greater connection with my inner wisdom. One particular spiritual path or model is not stressed as being more valid than others, and different models may be presented during separate programs. I understand that this seminar is not a means of diagnosing or treating any condition, physically, emotionally, mentally, psychologically, or spiritually. I know that this weekend is part of an evolving process, and regular visits to my network practitioner and other frequented healing facilitators are suggested following the program. Although all of the Entrainers are Doctors of Chiropractic, they are offering care as a wellness, awakening and educational tool at this Transformational Gate Program, and not acting in their capacity as chiropractors. Various classes which may include movement, breathing, yoga, toning, meditation, and other forms of internal reeducation and awakening are offered during the Transformational Gate. Any of these types of programs in and of themselves may awaken physical and emotional feelings or memories. It is understood that sometimes healing during the transformational process feels wonderful, or ecstatic, and sometimes it does not feel comfortable at all. It is further understood that if any practice member is currently in the care of a psychologist or therapist, that professional consent has been given by the practitioner to attend this weekend. I grant my practitioner permission to release my personal and clinical information to WISE WORLD SEMINARS for the purpose of assessing me at this program. I understand that portions of the program may be recorded through photo, video and/or audio and I agree to allow Wise World Seminars and its agents to use photos/video/audio taken of me for educational, commercial, marketing, and public relations purposes. Any and all of said reproductions are the exclusive property of Wise World Seminars and Wise World Seminars is the exclusive copyright owner in perpetuity. I shall have no claim, right or interest to any of these reproductions and my signature hereto grants permission to Wise World Seminars to use any of said reproductions in any responsible manner, including, but not limited to: publications, advertisements, web sites, and/or commercial products.

I understand the information on this form and agree to participate in THE TRANSFORMATIONAL GATE and/or EUROGATE with the intent described above.

Print Name

Date

Signature