

**'BEYOND SELF' TRAINING PROGRAM©**

**A 13-Week Course In Consciousness**

ENROLLMENT FORM

**ENROLLMENT DATA**

**PRINT YOUR NAME:** \_\_\_\_\_

**PRINT YOUR ADDRESS:** \_\_\_\_\_

**PHONE NUMBER(S):** \_\_\_\_\_

**PRINT YOUR EMAIL ADDRESS:** \_\_\_\_\_

**TUITION: \$950 payable to 'The Bodhi Center'**

Circle your method of payment:  online [paypal]  check  money order  cash  credit card

Visa or MasterCard account number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration date: \_\_\_\_\_ Zip code where credit card bills are mailed: \_\_\_\_\_

Verification code (last 3 numbers located on back of card in signature box): \_\_\_\_\_

Cardholder signature: \_\_\_\_\_

*If registering by mail, send this form, with payment, to:* **THE BODHI CENTER  
P.O.B. 3105  
SANTA MONICA, CA 90408**

*If registering by telephone, call:* **310.497.1899**