

# Power of Breath Institute

## 2010 Empowerment Training

### Agreements Contract

I \_\_\_\_\_, of: (address) \_\_\_\_\_

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

Agree to uphold and abide by to the below-listed personal, financial and program agreements and hereby request application to the 2010 Empowerment Training:

- **I shall agree to the total financial commitment whether or not I attend all the weekends/retreats** (Amount: \_\_\_\_\_)
- **A minimum of 3 professional breathwork sessions or equivalent** to be received *prior to* the start of the Training (or with approval of the Director).
- Willingness to partner with a **“Training Buddy”** during the Training.
- Documented shared/exchange **sessions with your Buddy** (or another) before the last weekend of the Training (**Minimum of 3**).
- Documentation of at least one **self-breath session** per month during the training period (**Minimum of 1 per month**).
- **6 professional breathwork sessions or equivalent** (by a certified breathwork practitioner) during the course of the training.
- Completion of **“Harvest (evaluation) Forms”** for each training event as required.
- Recommended **Maintenance of a personal journal**/diary during the training
- **Completion of a “Completion Questionnaire”** *during the last weekend of the training.*
- Agreement to report on the above mentioned monthly sessions and assignments as necessary during each training weekend/retreat.
- Agreement to participate in all activities according to the instructions of the facilitators, not to exceed personal safety and self-responsibility.
- Willingness to participate in electronic and/or telephone contacts i.e. email, teleconferences, etc. during the course of the training.
- Maintenance of a Personal Support System during the training (specific instructions for this will be discussed during the first weekend).

Date signed \_\_\_\_\_

Please make deposit check payable to Power of Breath Institute and fill out the Credit Card/Payment Authorization Form below - and return this application agreement with your Letter of Intent to:

**Power of Breath Institute**  
**45 Stones Mill Rd**  
**Spofford NH 03431 USA**

# Power of Breath Institute

## Credit Card/Payment Authorization Form

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Type of Payment:

- Credit/Debit Cards:** I hereby authorize Power of Breath Institute to charge to the following credit/debit card account in the amount shown below for application to the 2010 Empowerment Training. Payment(s) will be effective and charged as indicated by the signature and date(s) below:

#### **CREDIT/DEBIT CARD INFORMATION:**

Card Type: \_\_\_ Visa \_\_\_ MasterCard      Credit: \_\_\_ Debit: \_\_\_

Name as it appears on the credit card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

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

- Check payments:** I, \_\_\_\_\_, hereby agree to make payments by check for the 2010 ET according to the schedule indicated below:

### **Schedule of Payment:**

- Non-refundable Deposit (enclosed): \$375**

**and:**

**Balance due payment of \$3000 to be made before first weekend.**

**or:**

- 11% Prepayment discount –payment of \$3000 (made by the first day of the start month.)**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_