



I T A S
2016

INSTITUTE OF TRANSPERSONAL AND ARCHETYPAL STUDIES

The Cauldron of Inspiration - with Cait Branigan

12th – 15th October 2017

Our residential workshops are held at Felden Lodge Conference Centre in Hemel Hempstead, Hertfordshire. The workshop begins with supper at 18.30 hrs on Thursday and will close around 12.30 hrs on Sunday after which lunch is provided.

Early bird rates for registration and full payment 8 weeks before the workshop date

- £595 in a shared twin en-suite room in the main house
- £655 single occupancy of a twin room in main house (limited availability)

For registration and payment after the early bird date

- £645 in a shared twin en-suite room in the main house
- £695 single occupancy of a twin room in the main house (limited availability)

NAME: (please print).....

ADDRESS:.....

.....

TELEPHONE: (H)(M).....

EMAIL ADDRESS: AMOUNT ENCLOSED/TRANSFERRED: £.....

Your place for the workshop will be confirmed on receipt of payment in full. Please return this registration form and the Participant Information & Agreement form to HolotropicUK at: Flat 1, Little Grove, Grove Lane, Chesham, Bucks HP5 3QQ, UK or electronically to

Payment can be made either by cheque made out to: **HolotropicUK Ltd at the above address** or by on-line transfer, (details on request). **Please be sure to reference your name when you make on-line transactions, and notify us as soon as you have made the transaction so that we can track the funds.** Alternatively we accept payment by PayPal and will send you an invoice if this is your preferred method of payment, PayPal charges will be added to the workshop fee.

Please note: *There if a fridge available for personal use, should you have any specific food or diet requirements.*

SIGNATURE:..... DATE:

Cancellation policy: £100 of your payment is a non refundable. The balance is refundable less any costs incurred.

Medical Form for Holotropic Breathwork

Breathwork is intended as a personal growth experience and should not be looked upon as a substitute for psychotherapy. Holotropic Breathwork can involve dramatic experiences accompanied by strong emotional and physical release. This workshop is not appropriate for pregnant women, or for persons with cardiovascular problems, severe hypertension, some diagnosed psychiatric conditions, recent surgery or fractures, acute infectious illness or epilepsy, or active spiritual emergency.

If you have any doubt about whether you should participate, it is essential that you consult your physician or therapist as well as the workshop organizers before attending.

The answers to the following questions are to assist your facilitators and will be kept strictly confidential.

Please answer all questions as completely as possible – adding further information at the end of the form where there are any ‘yes’ answers:

Do you have a past history of, have you been diagnosed with, or are you currently experiencing any of the following:	Yes	No
Cardiovascular disease, including heart attacks, any cardiovascular surgery or any cardiovascular symptoms such as angina or arrhythmia		
High blood pressure		
Strokes, TIAs, seizures, or other brain or neurological conditions		
Diagnosed psychiatric condition		
Recent surgery		
Past or recent physical injuries, including fractures or dislocations		
Present or current infectious or communicable diseases		
Glaucoma		
Retinal detachment		
Epilepsy		
Osteoporosis		
Asthma (if yes please bring your inhaler to the workshop)		
Other information:		
Are you currently pregnant?		
Have you been hospitalized in the past 20 years for significant medical issues?		
Have you ever been psychiatrically hospitalized?		
Are you currently in therapy or involved in any type of support group?		
Are you currently taking any type of medication? (if yes, please list)		
Is there anything else about your physical or emotional status we should be aware of?		

Emergency contact information:

Name _____ phone _____

If you answer "yes" to any of these questions, it is essential that you explain your answer on the back or on an attached page.

PLEASE READ AND SIGN THE FOLLOWING STATEMENT:

I hereby confirm that I have read and understood the above information, and have answered all questions completely and honestly, and have not withheld any information. My general health, as far as I am aware, is good.

Signature & please also print your name Date Age Gender

I have experienced Holotropic Breathwork before: Yes/No