

# The Monroe Institute®

3645 Fowlie Crescent ~ Port Alberni, BC. V9Y 1C6 ♦ (250) 730-7701 ♦ [www.monroeinstitute-canada.com](http://www.monroeinstitute-canada.com) ♦ [paul.elder@shaw.ca](mailto:paul.elder@shaw.ca) ♦

## Gateway Voyage® Application (Confidential)

Please list preferred dates for participation: Choice #1 \_\_\_\_\_ Choice #2 \_\_\_\_\_

Name: \_\_\_\_\_ Name you like to be called: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: Female Male

Marital Status: Single Married Divorced Widow/Widower Children: Yes No Number \_\_\_\_\_

Occupation: \_\_\_\_\_

Level of Education: High School College Graduate Work Other: \_\_\_\_\_

In case of emergency contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Special dietary needs: None Vegetarian Other, please list: \_\_\_\_\_

Food allergies: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Do you smoke? Yes No Currently on medication? No Yes If yes, specify kind and amount: \_\_\_\_\_

Any chronic or major illnesses or physical limitations we should know about? No Yes If yes, please specify:

If you require special assistance, please contact us regarding your special needs by calling **(250) 724-0136**

Within the last six months, have you taken (or has a health professional advised you to take) any prescription medications or drugs, which: a) affect your mental processes or mood b) treat a “chemical imbalance”? No Yes  
If yes, please specify:

Have you ever or are you now receiving psychotherapy? No Yes From: \_\_\_\_\_ To: \_\_\_\_\_

Name and address of therapist: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

For what reason (s): \_\_\_\_\_

Have you ever been hospitalized for mental breakdown or mental illness? No Yes If yes, please include details (diagnosis and medications - use additional paper if necessary):

\_\_\_\_\_  
\_\_\_\_\_

Have you ever had a seizure? No Yes Do you have epilepsy? No Yes

Events/activities/things that please you most: \_\_\_\_\_

Events/activities/things that displease you most: \_\_\_\_\_

\_\_\_\_\_

Please describe any other mind training programs, disciplines, or activities in which you have participated:

\_\_\_\_\_

What areas of personal development do you feel you need most? \_\_\_\_\_

\_\_\_\_\_

Have you used Monroe exercises? No Yes Have you had any difficulties with Monroe exercises? No Yes

Have you ever had difficulties using guided imagery/meditation exercises? No Yes

What specifically about this program motivates you to attend, and what benefits do you hope to receive?

\_\_\_\_\_

Anything else about you that would be useful for your TMI facilitators to know?

\_\_\_\_\_

How did you learn of The Monroe Institute?

\_\_\_\_\_

## Registration Fees

The program fee includes tuition, lodging, meals, and local shuttle transportation from and to the local airport/ferry/bus stations and hotels on the first day and last day of the program. Before we can confirm your registration, your application and the required \$500.00 deposit must be received in the Registrar's office. *The balance of the program fee is due 30 days prior to the first day of the program.*

Method of Payment for the \$500.00 deposit: *(You must complete one option.)*

Payable in CDN funds to Paul Elder: Check  Money Order  Phone:  (250) 730-7701

Pay On-line with PayPal or Credit Card  <http://monroeinstitute-canada.com/the-offe/>

Please charge my credit card: MasterCard      Visa      American Express      Discover

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

*Method of Payment for the balance due: (You must complete one option and validate with your signature.)*

I will send the payment or contact the registrar, Paul Elder, prior to 30 days in advance of the start of the program.

The Institute's representative has my permission to charge the balance 30 days in advance of the start of the program using the credit card number listed above.

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

## Cancellation/Transfer Policy

Due to the advance planning required by program participants and staff, it is necessary to administer the following refund policy.

- ❖ If you cancel your participation less than 20 days before the start of the program a \$100 fee will apply. If you cancel within 10 days of the program, a fee of \$250 will apply.
- ❖ If you do not attend a program you are registered for, without prior approval from the Registration Coordinator, all payments you submitted may not be refunded.
- ❖ We reserve the right to cancel a program 30 days in advance of the program date if there is not sufficient enrollment. If a program is cancelled by us, all paid tuitions will be refunded. We will not be responsible for other costs incurred due to cancellations.

**We recommend that you do NOT book flight or hotel reservations until 30 days before your program start as we cannot be responsible for costs incurred due to cancellations.**

**Dear Gateway Voyager,**

In the past, many participants have entered the Gateway Voyage with the expectation that they would achieve an out-of-body state. **While the Gateway Voyage does aid many individuals towards this goal, we must stress strongly that we offer no guarantees or warranties that the sessions and the continued exercises at home will give the participant an out-of-body experience.** The variation between individuals is too great for us to make any predictions or guarantees.

The Gateway Voyage is an evolving training and educational program. It is not therapeutic in design, intent, or methodology and is not a substitute for medical treatment, psychotherapy, or any health program. We retain the right to determine if a participant may or may not continue with our sessions and program. If we deem an individual unsuited for continuation in a session or in the entire program, we will return the balance of his/her fee on a pro-rated basis.

**Gateway Voyage Terms and Conditions**

In consideration of the mutual benefits which are expected to arise out of the activities which I intend to engage in under the sponsorship of The Monroe Institute, and especially of the benefits, educational and otherwise, which I myself expect to derive, I hereby release and forever discharge The Monroe Institute, Paul Elder, Monroe Products and all officers, directors, employees, agents, representatives and/or volunteers and the successors of either from all claims and demands whatsoever which I, my heirs, executors, administrators and assigns have, or may have, against them by reason of any physical injury and mental and emotional issues of any nature whatsoever which I might suffer during or after my participation in the Program, and the use of their facilities, and I hereby expressly declare that any such activities are entered into by me voluntarily in an effort to increase my knowledge of the subjects under investigation.

I understand that the materials presented by The Monroe Institute in this Program are intended solely for use by Program participants. I will not use the materials for any purpose other than my own personal use and agree not to resell, reproduce and sell, modify and sell, or repackage and sell the materials.

I represent that I have not registered in the Program to receive physical, mental, or emotional therapy. Further, I know of no recurring symptoms, physical or mental, which suggest to me that I may not be able to handle the types of activities described to me as part of the Program.

I agree to the above terms and conditions and certify that the answers given by me on this application are true and complete to the best of my knowledge. I also agree to advise The Monroe Institute Registrar, if between the time I send in this form and the time my Program begins, I experience any alteration in health or my mental condition that would affect my answers on this application.

Applicant's Signature:

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

If you are under 18 years of age, your parent or legal guardian must read and sign below:

As parent or legal guardian of the above-named minor, I give my permission for my child to take the Gateway Voyage.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail your application to: Paul Elder ~ 3645 Fowlie Crescent, Port Alberni, BC. Canada V9Y 1C6**

**(250) 730-7701**

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