

**Metzner Alchemical Divination®**  
**Europe Training Program – Lucerne, Switzerland**  
**April 27 – May2, 2010 - Registration Form**

Name \_\_\_\_\_ Date \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Tel (1) \_\_\_\_\_ Tel (2) \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Occupation \_\_\_\_\_

Referred by \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Tel \_\_\_\_\_

**Cost of workshop:** \$750 per person, which includes tuition, and training materials, only.

(Accommodation reservations are made separately.)

**Partners Discount:** Cost for second person registering together: \$600 \_\_\_\_\_

**Repeaters Discount:** Cost to repeat the *Janus* workshop: \$500 \_\_\_\_\_

(I took the Janus workshop in \_\_\_\_\_ mo/year)

**M.A.D. – Janus and the Gateway of the Heart – June 24-29, 2010**

(Deposits are non-refundable but can be applied to a subsequent workshop in the series.)

Registration will be confirmed by email. Balance due 30 days prior to start of workshop.

I wish to pay by check. Only checks written on a US bank account can be accepted.  
Make checks payable to Green Earth Foundation.

I wish to pay by PayPal. Make payments to [rmetzner@svn.net](mailto:rmetzner@svn.net) and send this form by fax, mail or email.

*Statement of Personal Responsibility/Hold Harmless Clause:*

I am choosing to participate in the M.A.D. practices training program, which is designed for purposes of greater self-understanding and personal growth. I understand that this is not designed to treat any medical or psychiatric condition, and I take full responsibility for my own health, safety and well-being. I release and hold harmless both Ralph Metzner and the Green Earth Foundation for any loss, liability or injury that may occur in connection with my participation in the program.

*Non-Disclosure Agreement/Proprietary Information:*

I understand that the presenter will be sharing original research, program design, written and graphic material and exercises during the program. I hereby agree not to publish any of that material, including experiential exercises, in any form – oral, written, audio or visual recordings – without express, written permission in advance.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print out and mail or fax (both pages: application and registration form):  
*Green Earth Foundation, P.O. Box 327, El Verano, CA 95433. or FAX: 707-935-8567*