



A Society of Souls®

The School for Nondual Healing and Awakening™

Application for *Nondual Kabbalistic Healing*® Training

Contact Information *(please print clearly)*

Name	
Street Address	
City, State Zip/Postal Code	
Country (if outside the U.S.)	
Phone (Day)	
Phone (Evening)	
E-Mail Address	
U.S. Or Europe Classes?	(Please check one): <input type="checkbox"/> U.S. <input type="checkbox"/> Europe

Profession:

Degrees/Training: (Please specify the schools and years of graduation or certification)

How long have you been in your profession?

How might you use the work you learn in this training in your life?



How might you use the work you learn in this training in your life? (cont. from previous page)

What are some of the ways you gain self-knowledge? (psychotherapy, meditation, bodywork, etc.)

Have you taken A Society of Souls workshop or attended an evening presentation with Jason Shulman, Brenda Blessings, or other ASOS teachers?

Yes / No	
When?	
Where?	

Why would you like to attend Nondual Kabbalistic Healing training?



Please attach a recent photo of yourself here.

Please Note:

- Applications will be considered in the order in which they were received.
- If you have not received an acknowledgement within 15 days, please call us at 908 236-0543.

Please return this application to:

A Society of Souls
P.O. Box 626
Lebanon, NJ 08833
USA

- Tel: 908-236-0543
- Fax: 908-349-3211
- Email: asosadmin@societyofsouls.com

Please don't hesitate to contact us should you have any questions.
Thank You.

