Training Application

To APPLY, PLEASE INCLUDE A \$50.00 CONDITIONALL Lawrence Gold The Institute for Somatic Study and Developmer 2045 Medina Eugene, OR 97401		PLICATION FEE. MAIL TO:
or pay on-line at <u>http://order.kagi.com?1L</u> (Somatics on the Web order page)		
*Fee refunded to candidates not accepted due or due to qualification requirements. Fee credit		sizedate
Name	email	
Address	_ telephone	
	height	weight
What is your current profession?		how long?
competency: novice [] proficient []	seasoned []	instructor [] innovator []
What techniques do you practice (how lor	ıg)?	
(e.g., dance, martial arts, movement therapies, Any physical complaints (how long)? What do you hope to achieve/acquire by	· · ·	
What teaching experience do you have?		
Have you:		(attach separate page, if necessary)
experienced Hanna somatic education [®] ? read <i>Somatics</i> by Thomas Hanna? y[] n[many sessions?
What other background do you have that	complements a	a somatic practice?
Please include (attach separately) any oth	er information t	(attach separate page, if necessary) hat would help to evaluate

your proficiency in, and understanding of, your field.