



The Monroe Institute

365 Roberts Mountain Rd. Faber, VA 22938 434.361.1252 Toll-free 866.881.3440 Fax 434.361.1237 www.monroeinstitute.org
www.monroeinst@aol.com (GV App. 11/05)

Gateway Voyage Australia Application

(Confidential)

Programme Date: _____

Name: _____ Name you like to be called: _____

Address: _____

City: _____ State/Province: _____ Postal Code: _____ Country: _____

Home Phone: _____ Business Phone: _____ Fax: _____

Email: _____ Date of Birth: _____ Sex: Female Male

Marital Status: Single Married Partner Divorced Widow/Widower, Children: Yes No Number: _____

Occupation: _____

Level of Education: Secondary 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: _____

Presently on medication? Yes No If yes, specify kind and amount: _____

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; or b) treat a "chemical imbalance"?

Yes No If yes, please specify: _____

Any chronic or major illnesses, or physical limitations we should know about? Yes No

If yes, please specify: _____

Recent physical exam? Yes No If yes, for what reason? _____

General health: _____ Do you smoke? Yes No. If yes, how much? _____

Do you exercise? Yes No If yes, how often? _____ What type? _____

Have you undergone psychotherapy/analysis? Yes No From: _____ To: _____

Name and address of therapist: _____

_____ Phone: _____

For what reason(s): _____



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

Have you had any seizures? Yes No Do you have epilepsy? Yes No

Answer by number: 1 (very strong fear) 2 (average fear) 3 (no fear)

____ Insects ____ Animals ____ Snakes ____ Crowds ____ Heights ____ Small spaces ____ Darkness
____ Death of others ____ Death of self ____ Other's opinions of you ____ OBE (out of body experience)

Other _____

Any adverse reactions to guided imagery? Yes No

Events/things that please you most: _____

Do you have any special dislikes? _____

Participation in any other mind training activities (TM, Silva, etc.): _____

Present use of recreational or psychotropic drugs (alcohol, barbiturates, amphetamines, marijuana, etc.?)

Yes No If yes, what type? _____ How often? _____

What areas of personal development do you feel you need most? _____

What benefits do you expect to receive by attending the Gateway Voyage? _____

How did you learn of The Monroe Institute? _____

What prompted you to enroll in the Gateway Voyage? _____

If you registered at the suggestion of a Gateway Outreach Trainer or TMI Residential Trainer or Hemi-Sync[®]

Dealer, please include his/her name: _____



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Registration Fees and Refund/Transfer Policy

The Gateway Voyage programme fee includes tuition, accommodation & meals. Before we can confirm your registration, your application and the required \$500.00 deposit must be received by money order, international direct bank deposit or direct bank deposit. Details are as follows:

Bank: Westpac **BSB:** 034 292 **Account No:** 319552 **Name:** Bridging Concepts

(*International Banking information:* **Bank:** Westpac Banking Corporation **Branch:** Runaway Bay Shopping Centre, Runaway Bay 4216 Australia. **BSB** 034292 **Account No** 319552 **Swift Code:** WPACAU2S. **Name** Bridging Concepts)

Please note: The balance of the programme fee is due no later than 30 days prior to the first day of the programme.

Method of payment of the deposit of \$500.00 (please check one):

I understand that the balance of my programme fees is due no later than 30 days prior to the first scheduled day of the program or all fees paid are forfeited.

- I have enclosed a Money Order
- I have already paid by direct bank deposit on (date) _____

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

- I will send the payment to Bridging Concepts, prior to 30 days in advance of the start of the programme.
- I will pay via direct deposit to Bridging Concepts' bank account, prior to 30 days in advance of the start of the programme.

Signature: _____ Date: _____

Due to the advance planning required by programme participants and staff, it is necessary that we administer the following refund/transfer policy.

- If for any reason, you are not accepted into the Gateway Voyage programme, any payment(s) will be refunded in full.
- If you cancel more than 45 days before the programme date, you will receive a refund or credit, less the cancellation fee of \$200. Credits will be held for two (2) years from the original programme date, then forfeited if not used.
- If you cancel 45 to 30 days before the programme date, you will be charged a \$400 late cancellation fee.
- If you cancel or transfer fewer than 30 days before the programme date (or if you do not attend), you will receive no refund or credit of fees already paid.

The Monroe Institute (TMI) and Bridging Concepts, reserve the right to cancel a programme 30 days in advance of the programme date if there is not sufficient enrollment. Participants will be notified of other programme dates they may transfer to at no cost to the participant. TMI will not be responsible for costs incurred due to cancellations.



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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 remains an evolving training and educational programme. 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 programme. If we deem an individual unsuited for continuation in a session or in the entire programme, 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, Monroe Products, Bridging Concepts 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 Programme, and the use of their facilities and possible swimming pool, 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 Programme are intended solely for use by Programme 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 Programme to handle a physical, mental, or emotional problem. 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 Programme.

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 Programme 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 Programme.

Parent's Signature: _____ Date: _____

Post or email your application to:
Gwen Jones
6/142 The Esplanade
Paradise Point Qld 4216 Australia
jonesgwen@msn.com.au

For questions, call:
Tel: 61 7 55772867

Please note: The Monroe Institute & Bridging Concepts are committed to providing an environment free from sexual and other forms of harassment. Any harassment is unlawful and will not be tolerated by The Monroe Institute & Bridging Concepts