# Courses Application Form to Mail or Fax

You may fill out this form with your web browser or Acrobat Reader before printing it.
Or, you may print a blank form and fill it out by hand. Then, fax it to: 773-751-5110
Or, mail the completed form with your payment to:
Maharishi Purusha Program
1000 Purusha Place, Suite 108
Romney, WV 26757-5016

- Applicants needs to be recommended by a Certified Governor who has known you and had contact with you within the last 6 months. Please ask the Governor to send the recommendation to courses@purusha.org. If there is no Certified Governor who can fulfill this requirement, you can get a recommendation from a non-Certified Governor.
- There will be a 10% fee for cancellation within one week of the course if we cannot fill your room.
- Deduct 25% off the course fee for first time courses.
- Please do not leave for your course until you have been notified of your final acceptance.

First name _____ Last name _____

Address _____ City _____

State _____ Zip _____ Country _____

Phone (home) _____ (mobile) _____

Fax _____ Email _____

Age _____ Soc. sec. # (last 4 numbers only) _____

Status: ☐ Governor ☐ Citizen Sidha ☐ Meditator

For Governors and Sidhas Only

Type of TM-Sidhi course: _____

Dates: _____

Location: _____

For Meditators Only

Instructor: _____

Date: _____

Location: _____

Please list your TM-Sidhi course information: ☐ AEGTC ☐ CIC ☐ CAC

Dates _____ Location _____

Date and place of the last course attended _____

Are you in good health? ☐ Yes ☐ No

Please describes your present state of health _____

We will provide wholesome vegetarian meals. Do you have any special needs, health concerns or dietary restrictions? _____

In case of emergency please contact (name, relationship, phone number) _____

_____

Do you plan to drive or fly to the course? ☐ Drive ☐ Fly

If driving, would you like to share a ride with someone in your area? ☐ Yes ☐ No

Comments _____

**Course Applying For Information**

Course type: ☐ World Peace Assembly ☐ Creating Coherence Program ☐ Residence Course

Course dates _____ Course fee: $ _____

**Payment Information**

Method of payment: ☐ Personal check Make checks payable to "Maharishi Purusha Program"

☐ Visa ☐ Master Card ☐ American Express ☐ Discover

Billing address (if different) _____ City _____

State _____ Zip _____ Country _____

Credit card # _____ Expiration date _____

Name on card _____ Signature _____