



## Application for LifeStream Advanced (IPI) Seminar

*Please register me for the LifeStream Advanced (IPI) Seminar on* \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Name you like to be called \_\_\_\_\_ Date of birth \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ IM (AIM, Yahoo) \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Sponsor (Person who shared LifeStream with you) \_\_\_\_\_

The intent of this seminar is to be a beneficial growth experience. Please describe any medical or psychological conditions:

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What improvements in your life do you intend to produce from taking this class? \_\_\_\_\_

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LifeStream Advanced (IPI) Seminar Adult Tuition is \$1,050, which includes a non-refundable \$200 registration fee.

Payment amount included with this application: \$ \_\_\_\_\_ Balance due: \$ \_\_\_\_\_

***Balance is due one week prior to the start of the class.***

Please make checks payable and send to: LifeStream Rochester, P.O. Box 293, Pittsford, NY 14534.  
PayPal payments (including credit cards tied to PayPal) go to [Holly@LifeStreamRochester.com](mailto:Holly@LifeStreamRochester.com).  
Any questions? You can call Beth at (585) 329-2640 or E-mail her at [bdewey@mindspring.com](mailto:bdewey@mindspring.com).

Signature \_\_\_\_\_ Date \_\_\_\_\_