

The Avatar® Master Course

Application for
Course Registration
2017

**FAST
TRACK**

January 9-11, 2017

**ORLANDO MARRIOTT
LAKE MARY**

1501 International Parkway
Lake Mary, FL 32746
Phone: 407-995-1100

Date _____
 Family Name _____ First Name _____
 Street _____
 City _____ State/Local _____
 Postal/ZIP Code _____ Country _____
 Telephone _____ Fax _____
 E-mail: _____

Your Master's Name _____ Check here if this is a new postal address.

Date of Avatar Completion _____ Are you 18 years old or older? Yes No

Translation needed: Yes No I require verbal translation in _____ (language).

I would like my written materials in _____ (language).

TUITION PAYMENT

My 10% deposit of \$300 USD is enclosed.
*I will pay the tuition balance of \$2,700USD
 on _____ (date) _____ (method)*

My full payment of \$3000 USD is enclosed.

I will send my:
 course deposit full tuition balance

Method of Payment: _____

Amount: _____ Date of payment: _____

Please select your method of payment:

- Bankwire
 Personal Check (10 days in advance please)
 Cashier's/Bank Check/Money Order/Draft
 Credit card (10 days in advance please)

card no. _____

expiration date _____ CVV# _____

card holder's signature _____

card holder's address if different from above:

charge my card on (date) _____

NOTE:

- All course tuition is payable to **Star's Edge International** and must be paid at or before course registration.
- Unused advance payments are fully refundable upon request.

ACCOMMODATIONS I am staying on site off site

I have sent my accommodations request to: _____

Date sent: _____ Sent by: _____

IMPORTANT NOTE:

The Avatar Master Course contains advanced materials and methods that address deep-seated issues in life. The course requires that a person have a mature, stable perspective. The Avatar Materials are for self-evolution. They are not designed to address specific emotional issues nor are they to be considered as a replacement for medical treatment or sensible psychological counseling.

Please answer the following questions: (You may use additional sheets of paper to detail your answers.)

1. Are you currently under any kind of medical (including psychological) supervision? If yes, explain.

2. Are you currently taking any prescription or recreational drugs? If yes, please give the name of the drug, frequency of usage, and purpose of taking.

3. Have you ever received psychiatric and/or psychological treatment? If yes, please state purpose, date, duration, and outcome.

4. Have you ever been convicted of a felony? If yes, please state the nature of the conviction and the sentence.

5. Have you ever been subject to traumatic injury or a violent attack? If yes, please give details.

To Register:

by mail:

Star's Edge International®
 237 North Westmonte Dr.
 Altamonte Springs, FL 32714
 USA

by telephone:

407-788-3090
 800-589-3767 (US & Canada)

by fax:

321-574-4019

by e-mail:

avatar@avatarhq.com
 Send us a request and
 we will send you the
 registration forms