



The Inner Sciences India Trust

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TISIT DISCLAIMER FORM

(Please Print Clearly)

WORKSHOP NAME: General Spiritual Retreat
General Spiritual Retreat + TPA Levels
(Please tick the events you are attending)

First Name _____ Last Name _____

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City _____ Pin Code _____

State / Country _____

Mobile No. _____ Email ID _____

Date of Birth _____ Occupation _____ PAN No. _____

Do you have any of the below?

Pregnant ___ Hypertension ___ Severe Heart Ailments ___ Glaucoma ___
Other _____

If you were referred to this Event, who referred you? _____

When signing this Disclaimer you agree that the Organisation of *The Inner Sciences Network of Organisations* may Contact you!

No part of this Workshop may be videotaped or recorded via computer or any other means, nor may any information be transferred to any third party without permission in writing from *The Inner Sciences Network of Organizations*.

The Teachings are not intended to replace orthodox medicine.

If symptoms are severe or persist, immediately consult a Medical Doctor.

Neither *The Inner Sciences Network of Orgnaizations* nor their Authorized Instructors may be held liable for any adverse effects arising from the application of these techniques.

I agree that my personal Data may be forwarded to the *The Inner Sciences Network of Orgnaiizations* Office.

Signature

Date



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Filled & signed Registration form must be send to:

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Note: Kindly attach PAN Card, and any one of the following as a valid identity proof:

1. Aadhar Card
2. Driving License
3. Passport