



Aum Mantra Spiritual Center Enrollment Form

Client Registration Form:

Name: _____ Birth Date: / /

Work Phone: _____ Home Phone: _____

Cell Phone: _____ E-mail Address: _____

Marital Status (x one): SINGLE MARRIED

Occupation: _____ Referred By: _____

Emergency Contact: _____ Emergency Phone: _____

Areas of Interest *Please check different topics you are interested in learning more about :*

- Aum Mantra Spiritual Healer
- Aum Mantra Spiritual Health and Nutrition
- Aum Mantra Spiritual Counselor

Commitment and Use:

Why are you interested in learning more about this topic? _____

Your commitment towards learning about this topic - *hours per week* : _____

How do you plan to use the knowledge you gain from studying this topic? _____

Disclosure: This information is the sole property of Aum Mantra Spiritual Center and will not be shared or distributed with any outside party.

Aum Mantra Spiritual Center

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