

Wasiwaska EVENT APPLICATION FORM

(Please save a copy of this and email it to Events@Wasiwaska.org)

Event to Attend (Location, Month, Year):

Name:

Year of birth:

Address:

Phone:

Fax:

E-mail:

Profession:

Areas of interest:

Mother tongue:

My English is weak () fair (2) good ()

Which other languages do you speak:

Do you have any special physiological or psychological condition? If yes, please, explain.

Are you currently taking any medication? If yes, please, explain.

Are you currently taking any anti-depressive medication? If yes, please explain.

Do you have any experience with modified states of consciousness? If yes, please explain.

Do you have any experience with psychotropic plants or substances? If yes, please, explain.

Have you had lucid dreams (dreaming while knowing that you are dreaming)? If yes, please, explain.

Have you had near death experiences? If yes, please, explain.

What is your relation to creativity?

How did you learn about this symposium?

Why do you want to participate in this symposium?

Would you be willing to answer an anonymous short questionnaire administered during the seminar for research purposes?

Thank-you very much for your time in carefully filling out these items.
Your efforts help to ensure the best seminar experience for yourself and others.