



Traditional Meditation

with Joanna Brandt, R.Y.T.

Please reserve your space by printing/copying this page and sending it to
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Please enclose a check made payable to Joanna Brandt. (check all that apply):
___Deposit of \$50. ___Balance of \$125 due at time of course.
___Early bird payment \$165. Course starting ___ **Jan. 23** ___ **March 13**

Name _____ *Date* _____

Address _____

Email _____ *Phone* _____

Occupation _____ *Birthdate* _____

Please answer the following:

Describe your experience with yoga and/or meditation. _____

What is your experience/understanding of yogic philosophy? _____

What is your religious/spiritual background? _____

Describe your general state of physical and mental health. _____

Why do you wish to learn meditation at this time? What goals and expectations do you have?

What obstacles, if any, do you foresee for establishing a daily meditation practice?

Anything else you would like me to know about you or question you would like to ask me?

Please save a copy of this page for yourself and send original application.