



# A Society of Souls®

The School for Nondual Healing and Awakening™

## Application for *Nondual Kabbalistic Healing*® Training

### Contact Information *(please print clearly)*

Name	
Street Address	
City, State Zip/Postal Code	
Country (if outside the U.S.)	
Phone (Day)	
Phone (Evening)	
E-Mail Address	
U.S. Or Europe Classes?	(Please check one): <input type="checkbox"/> U.S. <input type="checkbox"/> Europe

### Profession:


### Degrees/Training: (Please specify the schools and years of graduation or certification)


### How long have you been in your profession?


### How might you use the work you learn in this training in your life?




**How might you use the work you learn in this training in your life? (cont. from previous page)**


**What are some of the ways you gain self-knowledge? (psychotherapy, meditation, bodywork, etc.)**


**Have you taken A Society of Souls workshop or attended an evening presentation with Jason Shulman, Brenda Blessings, or other ASOS teachers?**

Yes / No	
When?	
Where?	

**Why would you like to attend Nondual Kabbalistic Healing training?**




Please attach a recent photo of yourself here.

Please Note:

- Applications will be considered in the order in which they were received.
- If you have not received an acknowledgement within 15 days, please call us at 908 236-0543.

Please return this application to:

A Society of Souls  
P.O. Box 626  
Lebanon, NJ 08833  
USA

- Tel: 908-236-0543
- Fax: 908-349-3211
- Email: [asosadmin@societyofsouls.com](mailto:asosadmin@societyofsouls.com)

Please don't hesitate to contact us should you have any questions.  
Thank You.

