



February 16, 2022

Greetings!

Thank you for your interest in the Steiner Institute 2022 Costa Rica Healing Workshop and Healing Intensive.

After completing the application below, *please save the application as a PDF file*, then email to info@steinereinstitute.com.

*(The costs listed below are based on a **Treetops Queen** room for 7-nights, single occupancy, and includes three meals each day).*

- Healing Workshop - \$2,132
 - Includes Morning Meditation & Evening Healing Workshop
- Healing Intensive - \$7,132
 - Includes Morning Meditation & Evening Healing Workshop
 - Includes two-hour 1:1 Healing Intensive Session for 5-days
- Double occupancy and additional room types are available.

You will designate your preferred room type on the last page of the application.

The Bodhi Tree is a small resort with a limited number of rooms. For the best selection of room options, please return your application as soon as possible.

Additional room options may be viewed here: <https://bodhitreeyogaresort.com/rooms/>

If you need help selecting a room or have any questions, please call our off-site coordinator, Lynette Patten, at 512-328-8950.

The Bodhi Tree requests the Steiner Institute manage all reservation for our group. Please include your requested room option when submitting your application and Lynette will book your room.

We are grateful for your presence at this Healing Retreat. It is an honor to be a part of your healing journey.

Respectfully,

The Steiner Institute Team

Name: _____ **Date of Birth :** _____
Email: _____ **Cell Phone # :** _____
Address: _____ **City:** _____ **State:** ____ **ZIP:** _____
Emergency Contact: _____ **Relationship:** _____ **Phone:** _____

1. How did you hear about us?

2. Have you had the opportunity to work with one of our practitioners?

3. What are your goals for this week (what are you hoping for)?

4. What is your current self care routine?

5. What other therapies or treatments have you or do you take part in?

6. How would you describe your relationship with spirituality?

List the top three contributing factors that have or currently challenge your well being:

1. _____

2. _____

3. _____

Medical History

Name: _____

Current health complaints:

Check all medical conditions you have had or currently have:

Alcoholism

Dizziness or Vertigo

Diabetes

Stroke

Joint Replacements

Pacemaker

High/Low Blood Pressure

Cancer

Kidney/Bladder

Concussion

Seizures

Heart Disease/Condition

Please describe status of the above checkboxes:

Please list any other conditions:

Please list any surgeries, hospitalizations, injuries, fractures, & dislocations:

Year: _____	Description:	_____
Year: _____	Description:	_____
Year: _____	Description:	_____
Year: _____	Description:	_____
Year: _____	Description:	_____
Year: _____	Description:	_____
Year: _____	Description:	_____

Current Medications:

Dose:

Date Started:

Medical History

Name: _____

Description of Your Normal Job Activities: _____

How many hours are in your average workday? _____ hours

What is/was your profession? _____

What is the maximum time you spend doing each activity in one day at work:

Lifestyle / Habits

Tobacco use: _____ cigarettes/day Caffeine: _____ cups/day Sleep: _____ hours/day

Alcohol Consumption Type: _____ Quantity _____ Frequency _____

I have read and understand this questionnaire. It is accurate and complete to the best of my knowledge.

Participant Signature _____

Date _____

Room Option Instructions

Name: _____

1. Check the box to indicate if you are applying for the Healing Workshop or Healing Intensive.
2. Next, please check the box next to the requested desired room option.

Note: If you are rooming with another participant who is submitting the preferred "Room Option", please complete the double occupancy section at the bottom of this page (only).

3. Once your application and room selection are confirmed, you will receive a confirmation email with a link to the payment page for the 50% deposit.

Pricing below includes tuition, room reservation for 7-nights (October 1-8), three meals per day for 7-days, and 13% tax. If you have any questions, please call our off-site coordinator, Lynette Patten, at 512-328-8950 or email info@steinerinstitute.com.

Healing Workshop

	Room Option	Total	50% Deposit
	Bodhi House	\$6,166	\$3,083
	Bodhi Villa (Bodhi King)	\$2,932	\$1,466
	Deluxe Bungalow	\$3,914	\$1,957
	King Bungalow	\$2,828	\$1,414
	Queen Bungalow	\$2,828	\$1,414
	Treetops King	\$2,828	\$1,414
	Treetops Queen	\$2,132	\$1,066
	Jungle Room	\$2,626	\$1,313
	Casita	\$2,828	\$1,414

Healing Intensive

	Room Option	Total	50% Deposit
	Bodhi House	\$11,166	\$5,583
	Bodhi Villa (Bodhi King)	\$7,932	\$3,966
	Deluxe Bungalow	\$8,914	\$4,457
	King Bungalow	\$7,828	\$3,914
	Queen Bungalow	\$7,828	\$3,914
	Treetops King	\$7,828	\$3,914
	Treetops Queen	\$7,132	\$3,566
	Jungle Room	\$7,626	\$3,813
	Casita	\$7,828	\$3,914

Double Occupancy (shared room only)

Who will you be sharing a room with? _____

	Second Occupant	Total	50% Deposit
	With Intensive	\$5,678	\$2,839
	With Workshop	\$1,428	\$714
	Just hanging out	\$678	\$339