



LEBEN nuova srl - Strada del Solco snc - 01017 Tuscania - P.IVA 01963600562 - tel +39.0761.443349 Email: info@lebensnetz.it

## REGISTRATION FORM

### Senses and Perception -1

(Tuscania, April 28 – May 1, 2012)

### Skeletal System

(Tuscania, November 23 – December 02, 2012)

Directed and coordinated by Gloria Desideri

First and Last Name		
Address		
Postal code	City	Country
Telephone	Mobile	Fax
Email	Web site	
P. IVA/ Codice Fiscale: (only for people filing taxes in Italy)		

I wish to register for the following course(s):

X	Course Title and Days of Class		Dates	Course Fee*	By early registration*	Course Notebook
			2012			
	Senses and Perception 1	4	Apr 28 – May 1	€ 472 (€ 390 + VAT 21%)	€ 436 (VAT incl.)	€ 15 (VAT incl.)
	Skeletal System	9	Nov 23 – Dec 02	€ 1.028 (€ 850 + VAT 21%)	€ 980 (VAT incl.)	€ 15 (VAT incl.)
<b>Paid amount</b> (total course fee/s or € 50 deposit for each course)				€		
* There is a fee reduction if one registers two months prior the course (by <b>February 27</b> , 2012 for Senses and Perception -1 and by <b>September 24</b> , 2012 for the Skeletal System).						

Date

Signature



## FURTHER INFORMATION

### Registration and Cancellation Policy

1. **Deposit:** to register for one or more courses it is necessary to wire a deposit of € 50,00 for each course you want to attend.
2. **Registration:** in order to complete the registration, it is necessary to send via e-mail or regular mail:
  - the completed registration form;
  - the answered registration questions (for those registering in a BMC® course at Leben's for the first time);
  - the proof of payment.
3. **Price reduction:** for the reduction (see table on pag.2) it is necessary to register two months prior the beginning of the course.
4. **Settled payment:** the whole fee is due no later than two weeks before the course starts.
5. **Cancellation:** in case of cancellation, if you notify the Leben's office no later than two weeks before the course starts, we just keep the deposit. After this deadline, no reimbursement is possible.

### Payment Information

Deposit as well as the whole fee have to be wired to:

Name of account: **LEBEN NUOVA S.R.L.**  
Account number: **00000000163**  
Name of bank: **Banca di Credito Cooperativo di Roma – Agenzia 5 – Tuscania**  
IBAN: **IT52Z083277330000000000163**  
BIC/SWIFT: **ROMAITRRXXX**

### Location

Both courses will take place in Tuscania, location to announce.

### Schedule

Each day of a course has generally 7 hours of class time, non including breaks: from 8:30am to 1:00pm and from 3:00pm to 6:15pm. Lunch break is of 2 hours. The schedule can slightly vary depending on the course, the season and other factors. In some days, there could be some extra activities, usually optional.

### Accommodation and travel

Food, accommodation and travel costs are not included in the course fees. Upon registration, a list of accommodations will be available, and Leben's office will give more guidance about other logistic information.



## APPLICATION QUESTIONS

If you are attending a BMC® course for the first time, or if this is your first time in our program, please, answer the following questions: we would like to know you better, to understand which kind of contribution and experience you are bringing to our training program, and also which kind of support you may need from us and the group of people you will meet. You may enclose a resume if you wish.

First and last name \_\_\_\_\_

Place and date of birth \_\_\_\_\_

1. What is your educational background? Please list any post-secondary schools attended, dates, and any degrees or certificates received.
2. What is your mother tongue? Do you speak and comprehend another language?
3. Please list work or other significant experiences.
4. What experience have you had with Body-Mind Centering®? How did you first hear about it? Have you had individual sessions, classes or workshops with a BMC® Certified Practitioner? Who and how often?
5. Please list your experience with other body-mind disciplines and somatic studies (movement, dance, bodywork, other psychophysical approaches). Indicate whether your experience has been casual, serious amateur, semi-professional or professional.
6. What are your reasons for wanting to follow this kind of studies? What are your expectations?
7. An important aspect of this program is its experiential nature. You will be working deeply with yourself and closely with other individuals and the group as a whole. You will be presented with a range of different styles from our staff and different learning styles from other students. At times, you will be asked to step into learning styles that you may be unaccustomed to. In regard to these things, please tell us 1) your strengths and talents 2) areas where you may need support.
8. Do you have any physical or emotional conditions that could affect your participation in this program? If yes, please describe.
9. Are you interested in completing one of the BMC® training programs?
  - SME – Somatic Movement Education
  - Infant Developmental Movement Education
  - Body-Mind Centering® Practitioner Program
  - I am interested in individual courses (in case, which one/s?)
10. Have you taken courses already in other BMC® licensed centers, in Europe or in the US?

Leben nuova srl guarantees that your data will be treated, manually and electronically, with the maximum privacy and used only for the organization of the courses and to promote other initiatives of Leben nuova srl.  
According to the Art. 13, of the Italian law 675/96, you can exercise the relative rights, like modifying and cancelling your data, by sending a communication to Leben nuova srl.