Metzner Alchemical Divination®
Application Form
PLEASE FILL OUT THIS FORM WHEN YOU REGISTER FOR THE FIRST TIME FOR ANY WORKSHOP IN THE MAD TRAINING.

Name_____

1. What is your primary interest or intention in taking this training program?

2. What is the area/ field of activity in which you want to apply the divination practices?

3. What do you consider your strengths and what your challenges?

4. What spiritual or psychological growth practices are you involved in at present?

5. Please indicate if you are presently receiving medical care or psychotherapy for any condition?

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