**Application Form of the One-month Truth School 2020**

**<Given Name>**

**<Family Name>**

**<Nationality> <Gender>**

**<Address>**

**Postal Code**

**<E-mail>**

**<Telephone Number>**

**<Birth Information>**

These information are needed to make your heliocentric chart.

Please find out accurate information.

 year/month/date:

 Birth time: Birth Place:

**<Occupation>**

**<Organization>**

**<Passport Number>**

**<Payment>**

If you would like to pay by easy installment, please contact us directly.

All the payment needs to be completed before the program starts.

**Questions:**

Q1: How did you get know this program?

Q2: Please share your reasons to participate this program.

Q3: If you have any specific topics that you would like to learn, please let us know.

“One-month True School” is a learning space which co-create with participants.

If you have any specific topics that you would like to deepen your learning, please describe.

Q4: Please give us your brief profile. If you have any special skills or talents that you would like to share with others, please describe. Please note that the response of Q4 will be shared with other participants and facilitators in advance.

Q5: If you are on special diet, have allergies and/or health conditions that is better for our staff to know in advance, please describe.

Q6: If you have any questions, please feel free to write to us.

***Please complete it and mail to: E-mail: intl@konohana-family.org***