

Print and send signed and completed in block letters in all its parts by mail or email

Associazione di Integrazione Posturale Transpersonale  
Via Scarlatti 20, 20124 Milano  
Tel. Fax: 02-29527815  
E-mail: corsi@integrazioneposturale.it

# Residential Intensive BODYWORK, BREATH, MEDITATION

Postural Integration intensive seminar  
with Massimo Soldati  
Frabosa Soprana, 31 may- 3 june 2019

I subscribe to **POSTURAL INTEGRATION INTERNATIONAL INTENSIVE "BODYWORK, BREATH, MEDITATION** , led by Massimo Soldati, from May 31 to June 3, 2019 in Frabosa Soprana (CN), starting at 18.00 on the 18th, ending at 15.00 on the 25th June.

**CONTRIBUTION:** The fee is € 120 SPECIAL early registration before 25 april 2109, later € 190. ). This includes membership of AIPT, a necessity to participate in this workshop. Prices do not include room and board. (see sheet D).

**CREDITS AND TRAINING FACILITIES:** AIPT offers new members a study grant; 50% of the cost of the intensive course, excluding € 20 AIPT registration, will be entirely deducted from the fee for the first year of the next Milan Postural Integration Training (2020) if you decide to continue your studies. The hours are recognized as part of the AIPT training hours.

Name and surname.....

Address..... Zip..... City.....

Date and place of birth.....

Tel..... Mobile ..... Fax.....

Email..... Website .....

Educational qualification ..... profession .....

Esperiences in the field .....

1. A definitive registration is done per email and will be confirmed per email
2. Cancellation by email is possible up to 3 weeks before the workshop
3. In case of cancellation within the last 3 weeks prior to the workshop (also in case of sickness or not showing up), the total amount will be withheld

After reception of the confirmation email I will pay to AIPT Association, Via Scarlatti 20, 20124 Milan IT by one of the following means: (mark with an x)

bank transfer c/o Deutsche Bank, IBAN: IT78R0310401605000000820254 (attach a copy)

Please attach:

A completed and signed copy of the forms B and C.

I carefully read and accept the above conditions and enroll in the workshop.

Date..... Signature .....

**Attention: your request for enrollment must be at least 48 hours prior to the payment  
PLEASE AWAIT OUR CONFIRMATION EMAIL BEFORE YOU PAY**

## INFORMATION ON HEALTH CONDITIONS

The body techniques employed can be self regulated following your health conditions. Please answer to these questions so that we can follow you at the best and assure you a better participation in the seminar. This data will be kept strictly confidential, in compliance with your privacy.

Mark with an x:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> 1. Do you suffer or have ever suffered from:<br><input type="checkbox"/> cardiovascular disease, including heart attack<br><input type="checkbox"/> hypertension<br><input type="checkbox"/> mental illness<br><input type="checkbox"/> recent surgery<br><input type="checkbox"/> past or recent injuries, including fractures and dislocations<br><input type="checkbox"/> infectious diseases and transferable recent or current | <input type="checkbox"/> glaucoma<br><input type="checkbox"/> retinal detachment<br><input type="checkbox"/> epilepsy<br><input type="checkbox"/> osteoporosis<br><input type="checkbox"/> asthma<br><input type="checkbox"/> angiological diseases<br><input type="checkbox"/> 2. Are you currently pregnant?<br><input type="checkbox"/> 3. Have you ever been hospitalized for serious reasons?<br><input type="checkbox"/> 4. Have you ever been hospitalized for psychiatric | reasons?<br><input type="checkbox"/> 5. Are you currently in therapy or in some rescue group?<br><input type="checkbox"/> 6. Are you taking medication?<br><input type="checkbox"/> 7. Were there any complications during your birth? Caesarean section? Anesthesia?<br><input type="checkbox"/> 8. There 'something else about your physical or mental condition of which we should be aware of? |
|--|---|--|

If you answered YES to even one of these questions, please specify the details, possibly on another sheet to be attached and contact AIPT secretary in time in order to establish the modalities and opportunities for your participation.

.....

.....

.....

I confirm that I have carefully read and understood the contents listed above and have answered all questions fully and honestly, without having omitted any information. I declare, as I understand it, and after consultation with my physician, to be in a state of general good health.

Name (readable) .....

Date.....

Signature .....

APPLICATION FOR ADMISSION TO ORDINARY MEMBER OF  
CULTURAL ASSOCIATION

**ASSOCIAZIONE DI INTEGRAZIONE POSTURALE TRANSPERSONALE**  
SEDE IN VIA SCARLATTI N° 20, 20124 MILANO. Cod. fisc 97236940157

The undersigned (First name, last name) .....  
 born in ..... date of birth .....  
 resident in ..... prov .....  
 address ..... n° ..... cap.....  
 phone ..... E-mail .....  
 nationality.....  
 passport or other Id doc (Needed for registration) .....  
 number .....

**APPLIES FOR ADMISSION**

approving the association bylaws and the rules of procedure, after being informed that I can receive a membership card of the motor recreational activities CSEN, or other similar agency, after I have been informed that each year will be held the meeting to approve the budget by June 30,

as a member of the Associazione di Integrazione Posturale Transpersonale (AIPT) according to pay certain dues for the current year (EUR 20 ).

Signature .....

Received information on the use of my personal and sensitive data, pursuant to GDPR and article 13 of Legislative Decree number 196 of 30/6/2003, containing the new code regarding the protection of personal data, I consent to their treatment to the extent necessary for the pursuit of its statutory and institutional purposes, for the conduct of institutional, organizational and technical and management of membership. Under GDPR and art. 13 of Legislative Decree No 196/2003 on personal data protection, we inform that the data you provide, will be handled in compliance with the above regulations and with due confidentiality. These data will be handled for the institutional activities, therefore, closely related to the statutory activities. The data processing will be done through the use of electronic media, or paper, suitable to guarantee the security and confidentiality of the same. In relation to these treatments, you may exercise your rights of cancellation, modification, opposition to treatment.

The undersigned, aware that the lack of consent involves the non-acceptance of the request, also authorizes expressly AIPT audio / video recordings of his own person, for teaching purposes, scientific and social communication (website, TV, newspapers, scientific publications and so on.).

Place ..... Date .....

Signature .....

**Warning: to be filled only for new applicants members admission**  
**The request for enrollment must be at least 48 hours prior to the payment**  
**Wait for confirmation email before you pay**  
**This application is needed to participate in our activities**

## LOGISTICS RESIDENTIAL

### Time:

Starting 31 may 2019 at 18.00. First service included dinner.

Ending 3 june at 15.00. Last service included lunch.

**Accommodation:** double, triple or single room

### Check In / Check Out Room

Rooms are available from 2pm on the day of arrival. On the day of departure, please leave them free by 10.30. By giving advance notice, depending on availability, it is also possible to arrive at lunch occupying the room just ready.

### Place

[Hotel Miramonti](#), Via Roma 84, 12082 Frabosa Soprana, Cuneo, Italy (in the Alps between Italy and France).  
www.miramonti.cn.it, info@miramonti.cn.it, tel.+39(0)174244533, fax. +39(0)174244534. [Googlemaps](#).

### Language

The Intensive will be held in Italian, with non professional simultaneous translation into English if needed. A significant deal of the work and communication will happen experientially and non-verbally.

### Clothing

We recommend comfortable clothing that allows you to move freely and non-slip socks.

## BOOKING

The daily costs reserved for us for a 3-day full-board stay. We emphasize the high quality of cuisine and hospitality .:

- ❖ € 72.00 per person in a double room
- ❖ € 64 per person in triple or quadruple room
- ❖ Single or Superior Room Supplement: Superior Room "Del Bosco" or "M-Room" + 5.00 € (upon request according to availability), Single Room COMFORT "easy room" + 17.00 €, Double Room single use SUPERIOR M-Room + € 27.00 (on request, subject to availability), Single Room "small" + € 5.00 No. 2 available. To be applied to the daily cost of the double room. The type of room can be viewed on the Miramonti Hotel website. For more info contact the Hotel.

## FULL INFORMATION BROCHURE

M2-Intensivo 2019 Infopratiche

## FOR YOUR COMFORTABLE STAY:

- I am aware that it is up to me to book accommodation at the Hotel Miramonti in time, otherwise I will not be guaranteed a place in the Hotel.
- I have food peculiarities (intolerances, veg menu, etc.) that I report below (it is essential to warn before, otherwise it is not guaranteed for us to be able to satisfy these needs)

.....  
For any need related to the course: Secretariat AIPT [segr@integrazioneposturale.it](mailto:segr@integrazioneposturale.it)  
For any need related to accommodation: Hotel Miramonti [info@miramonti.cn.it](mailto:info@miramonti.cn.it)

Date .....

Signature .....