



## Rosen Bodywork Intensive

The 6 to 12 of July 2019

This course is open to any person who wishes :

- to undertake a process of personal development
- to become acquainted with the practice and philosophy of Rosen Method
- to begin or continue Rosen Method training

Necessary pre-requisite for doing an intensive course : to have already a week-end introduction course.

The course will start Saturday, 6 July at 10:00 am and finish on Friday, 12 July at 2:00 pm.

**Teachers :** Sophia Ségal – Lene Espensen

**Languages :** French – English

**Location :** L'Aube, 26400 Piégros-la-Clastre, Drôme

**Accommodation :** Contact L'Aube 0033 (0)4 75 40 03 24 between 12:30 pm and 2:00 pm.

For indication, the fee of full-board accommodation is 368 euros, with double room. A single room is possible with additional cost. Bring towels and sheets.

**For further informations contact :** Lene Espensen 06 82 37 68 41 or Thierry François 06 51 38 34 82

**Venue :** See website [www.aube-association.com](http://www.aube-association.com)

**Bring for the course :** 2 sheets, a pillow and a blanket

**Price course :** 1 000 euros

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### Registration form – Bodywork Intensive in L'Aube from 6 to 12 July 2019

First name : ..... Last name : .....

Address .....

.....

Phone : ..... E-mail : .....

Send this registration form to Nathalie Landy, 84A route des Romains 67200 Strasbourg, with a deposit of 150 € (to the order of "Institut Rosen"). For a bank transfer, please contact Nathalie Landy, [methoderosen@gmail.com](mailto:methoderosen@gmail.com).

*If you have to cancel your participation in the course, the deposit will be refunded until two weeks before the beginning of the course. If there is a lack of participants, we have until two weeks before the beginning of the course to cancel and your deposit will be refunded.*

# Registration form and questionnaire for a Rosen Method course

The following questions are confidential  
Only teachers and their assistants will have access to them.

## Bodywork Intensive in L'Aube, Piégros la Clastre July 6-12, 2019

First name : ..... Last name : .....

Street address : .....

City .....

Phone number : ..... Email : .....

Date of birth : .....

Will you arrive the 5th of July ? ..... If so, what time ? .....

Do you need a ride from the bus-stop « Mirabel et Blacon » or from the train station in Crest ? .....

If so at what time ? .....

How did you get to know the Rosen Method ? .....

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Have you already attended a Rosen class or workshop ? ..... If so, where and when and with

which teacher ? .....

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Have you ever received Rosen sessions? ..... If so, how many? .....

Have you attended weekly Rosen movement classes? ..... If so, where, and for how long? .....

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Have you ever attended other movement or bodywork training courses ?..... If so, which ones ?

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Have you done any other personal development work ? .....

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.....

Are you currently under physical or psychiatric medical treatment ? .....

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Is there any other information concerning your physical and psychic health we should know ? (alcohol dependence or other).....

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.....

Who to call in case of emergency ?

1. .... Phone : .....

2. .... Phone : .....

**This work requires a personal commitment on the part of the participants. By registering in this course, I declare I will be responsible for myself, for my physical and psychic health.**

Date : ..... Signature :

# Commitment

## 1. Confidentiality agreement

I understand that Rosen Method is a private and personal experience for every participant. I am committed to respect all information, words and acts of the participants as strictly confidential and private.

Date : ..... Signature :

## 2. Brand use

I know that «Rosen Method»'s brand and logo are protected and that they can't be reproduced, copied or duplicated without a special written permission from the «Centre Rosen».

Only practitioners who have graduated from the Rosen Institute, and 3<sup>rd</sup> level students can use the name and the logo «Rosen Method».

Furthermore, I am committed not to film or take photographs without prior consent.

Date : ..... Signature :