

Monday 6th April 2009

Must carefully tick all sessions you wish to attend to reserve place for specific workshops

Please print this form and fax to AYA on +61-2-9894 8979 or mail to AYA 80 Coonara Ave, West Pennant Hills, NSW 2125 Australia or scan an e-mail and send to info@ayaaustralia.org

	TIME	ROOM 1	ROOM 2	ROOM 3	ROOM 4	ROOM 5
		2 hours	2 hours	1 hour	1 hour	1 hour
SESSION A	9-10AM	A1 Brother Satyananda (USA) <input type="checkbox"/>	A2 Dr.Ian Gawler (AUS) <input type="checkbox"/>	A3 Dr.Ajit (NZ) Ayu <input type="checkbox"/>	A5 Seva Devi (AUS) Yog <input type="checkbox"/>	Yog A7 Simon Borg Olivier (AUS) <input type="checkbox"/>
	10-11 AM	Yoga	Mind-Body	Vastu A4 Anthony Ashworth (AUS) <input type="checkbox"/>	A6 Farida Irani (AUS) Ayu <input type="checkbox"/>	A8 Seva Puri (AUS) Yog <input type="checkbox"/>
	11-11.30 Break					
SESSION B	11.30-12.30	B1 Prof P.H. Kulkarni (IND) <input type="checkbox"/>	Vastu B2 Dr.Shashikala (IND) <input type="checkbox"/>	Swami Yoga B3 Sanyasananda (AUS) <input type="checkbox"/>	Ayu B5 Dr. Shaun Matthews (AUS) <input type="checkbox"/>	Yog B7 Govinda Raju (IND) <input type="checkbox"/>
	12.30-1.30	Ayurveda		(AUS) Yoga B4 Swami Govindananda <input type="checkbox"/>	Ayu B6 Dr. Vijay Murthy (NZ) <input type="checkbox"/>	Ved B8 Dr. Satya Prakash(IND) <input type="checkbox"/>
	1.30-2.30 PM BREAK					
SESSION C	2.30-3.30	C1 Dr. Smita Naram (IND) <input type="checkbox"/>	C2 Petrea King (AUS) <input type="checkbox"/>	(AUS) Rituals C4 Rami Sivan <input type="checkbox"/>	(AUS) Ayu C6 Rama Prasad <input type="checkbox"/>	(AUS) Ayu C8 Jennifer Thomas <input type="checkbox"/>
	3.30 - 4.30	Ayurveda	Mind Body	(AUS) Ayu C5 J.D Mulder <input type="checkbox"/>	(AUS) Yoga C7 Fiona Donahue <input type="checkbox"/>	(AUS) Native Healer C9 Noel Butler <input type="checkbox"/>
	4.30-5.30 PM BREAK					
SESSION D	5.30-6.30	D1 Dr. Swami Shankardev Saraswati (AUS) Yoga <input type="checkbox"/>	D2 Shakta Kaur (US) Yoga <input type="checkbox"/>			
	6.30-7.30					
	7.30-8PM BREAK					

First Name: Last Name: Occupation: Member/Student of:

Address:

State: Post Code: Country: Telephone: Mobile:

Email: