



VEDIC COUNSELING (JYOTISH) APPLICATION

The Jyotish application can be faxed, or copied.
Visit www.chopra.com/jyotish to download a copy of this application.

Last Name: _____

First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (Day) _____ (Evening) _____

Fax: _____ E-Mail: _____

BIRTH INFORMATION

Birth Date: _____ | _____ | _____ Time of birth: _____ a.m. | p.m.

Place of birth: _____ | _____ | _____

City

State

Country

Note: _____

PAYMENT

Consultations last one and a half hours, usually by phone, with Chopra Center Jyotish Program Director Brent BecVar, M.S. Sessions are digitally recorded with participants and remain completely confidential.

Cost of the service is \$275. Consultations are for educational purposes only.

Total amount due: \$275.00 Cash: \$ _____ Check: \$ _____ Check #: _____

Credit Card: Type of card: AMEX MasterCard Visa

Credit Card #: _____ Expiration Date: _____

Signature: _____ Date: _____ | _____ | _____



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