

Jin Shin Jyutsu

"*KNOW the Depths*" - Mary Burmeister

NOW KNOW MYSELF

through the 9 DEPTHS with

Jill Pasquinelli (Holden), Carlos Gutterres, Cynthia Broshi

Santa Rosa, California: January 21-25, 2012

The **NOW KNOW MYSELF Seminar** is a dynamic dialogue between three instructors.

Carlos, Cynthia and Jill will share their diverse **perspectives** on pulse listening, body reading, directionality of energy flow, ten "Special Flows" and many aspects of Text 1 and Text 2. Each topic of this class will be approached as a window into the 9 Depths, as it is in the **awareness** and **understanding** of the Depths that Jin Shin Jyutsu IS simple.

Collectively, **Cynthia, Jill and Carlos** have danced professionally, worked in industry, taught phonics, puppetry, poetry and flower essences, raised 6 children and been devoted to Jin Shin Jyutsu for over 60 years. For more **about the Instructors** see the website at jsjinc.net

FEES: New Student \$800 (Early Bird \$750) — Review Student \$700 (Early Bird \$630)

A \$100 deposit (refundable up to 30 days before the class) will hold your space. Balance due at registration. Early Bird Fees must be paid in full at least 60 days before class, \$100 of which is non-refundable starting 60-days prior to class.

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INFORMATION: Please contact class organizers:

Susan Miller (707) 542-7448 or (707) 479-2980 nursesue@sonic.net

Kate Nachtwey (707) 489-1064 knacht@gmail.com

Prerequisite: Attendance of three 5-Day Basic Seminars

CEUs available for Nurses, Acupuncturists, and Massage Therapists (notify Susan 2 weeks before class begins).

Registration for Jin Shin Jyutsu **NOW KNOW MYSELF** in Santa Rosa, CA - January 2012

Name: _____ **new or review** student ?

Address: _____

Email: _____ Phone: _____

Checks for \$100 deposit can be made out to **Cynthia Broshi** or you can pay by credit card:

Card (circle) Visa M/C Discover Am/Exp Card # _____ 3-digit security code _____

Name on Card _____ Exp Date _____ Charge Amt. \$ _____

Address where credit card bill is sent _____

Name on Card _____ Exp Date _____ Charge Amt. \$ _____

Address where credit card bill is sent _____

Mail registration to: Susan Miller, 1824 Wright Street, Santa Rosa, CA 95404