

Libby, MT • _____ • Schedule of Events

Integral Breathwork™ Facilitator Training • Open to Health Practitioners

Fri, _____ (5:30–9:30 pm) • Continuing Education (CE) Hrs: 4 • Cost: \$40

- 5:30 NOTE: LIGHT SUPPER will be provided. ~ Introductions by instructor and students.
- 6:00 Lecture: Nature of breathing work and breathwork.
How to facilitate a transformational breathwork session.
- 7:00 Goal setting and prep-work for facilitators' breathwork session. (Facilitators will be assisting on Sat.)
- 7:30 One-hour breathwork session, with integration time.
- 9:00 Sharing & discussion, completion and integration exercises.

Integral Breathwork™ Seminar • OPEN TO PUBLIC

Sat, _____ (Noon–6 pm) • Continuing Education (CE) Hrs: 6 • Cost: \$75 (2 for \$130)

- Noon NOTE: PLEASE SEE "WHAT TO BRING." Registration & introductions by instructor and students.
- 12:30 Optimal breathing assessments & measurements, partner observations.
Lecture: specific instructions on the physiology of an optimal breathing pattern.
Fill out seven part breathing assessment form, show data and optimal breathing markers.
Meditation and visualization: breathing self-evaluation and scanning.
- 2:00 Physiology & psychology of breathwork; Q & A.
Anatomy of respiratory system and diaphragm, ribs.
7 breathing optimization exercises practiced.
Lecture: relationship of breathing to all autonomic nervous system functions.
Relationship between breathing dysfunction, stress, and muscle tension.
- 2:45 Various breathing techniques for therapist and/or client for specific daily uses.
Visualization and meditation on practice of optimal breathing, and the "breathwork breath".
- 3:15 Goal setting for breathwork session.
Review of "What to Do and What to Expect" during a breathwork session.
- 4:15 Group breathwork session (lying down, set-up, prep, practice, and cool down).
- 5:30 Sharing & discussion, completion and integration exercises, with refreshments.
- 6:00 Closing (NOTE: One-hour MEAL BREAK before bodywork segment).

Breathing Work & Breathwork for Bodyworkers

Sat, _____ (9–11 am & 7–9 pm) • Continuing Education (CE) Hrs: 4 • Cost: \$40

TWO 2-HOUR
SEGMENTS,
BEFORE AND
AFTER PUBLIC
BREATHWORK
SEMINAR

- NOTE: MASSAGE TABLES NEEDED. Please bring yours. Review of main breathing exercises.
- Lecture: psycho-physiology of muscle tension, stored trauma, cellular memory and its release through bodywork and breathwork. Applications of breathing work vs. breathwork.
- Table work: demonstrations and practical application of how to incorporate breathing work in conjunction with a bodywork session.
- Table work: basic breathing assessment and coaching for the client.
- Table work: application of breathing to augment and complement deeper tissue work.

TOTAL CONTINUING EDUCATION (CE) HOURS: 14 (breaks included) • **Total Cost: \$155** (\$145 ea. Bring Friend)
Optional Workbook (170 pages): **\$18** • **Optional Breathing CD: \$15**

NOTE: Therapists and practitioners are encouraged to bring friends, spouses, family, etc. to Sat's main seminar, open to the public.

NOTE: Trainer, Denis Ouellette, will be available for private bodywork-with-breathwork sessions on Sunday, _____. Open to all.

Integral Breathwork™ Registration / Practitioners



- Seminar Registration ~ \$75** (6 hrs.) (2 for \$130, \$65 ea.)
- Breathwork Facilitator Training ~ \$40** (4 hrs.)
- 2 Bodyworker Training Segments ~ \$40** (4 hrs.)
- Workbook ~ \$18** (170 pgs.) **Breathing CD ~ \$15**

Seminar Date: _____ **Location:** _____

Name _____ **Date of Birth:** _____

Address _____

City/State/Zip _____

Phone: _____ **E-Mail** _____

PRINT CLEARLY—E-MAIL NOTIFICATION FOR FUTURE SEMINARS.

For your Breathwork safety, please list any health conditions or concerns (mental, emotional or physical) you now have and any therapies you are currently pursuing. Please list any past surgical operations and current medications.

Please describe your level of experience with Breathwork.

ACKNOWLEDGEMENT OF RESPONSIBILITY & LIABILITY RELEASE

I am reserving my Breathwork Seminar space through payment with this form.

I accept full personal responsibility for my physical, emotional and mental well-being. I acknowledge that the leaders make no medical claims whatsoever. I will hold the seminar leaders and their assistants, and the premises, harmless for any outcome as a result of my experiences with this seminar. I sign that

I am free from any serious condition that would counter-indicate my participation in this seminar.

I will seek out the appropriate therapeutic and/or medical assistance when and as needed.

Your Signature: _____ **Date:** _____



SPONSORED BY **INTEGRAL BREATHWORK™ SEMINARS**

To secure your place, make your check payable to **Integral Breathwork** and mail payment & this form to: **Denis Ouellette • P.O. Box 400 • Emigrant, MT 59027**
VISA & MasterCard accepted with C.C. #. • Exp. date • Security code on back • Billing zip code

