

CROSSING OF PATHS PROFILE

an Intuitive Report from the School of Metaphysics

Your Name _____

Please type/print as on birth certificate. Females who have married use most recent husband's last name.

Poastal Address _____

Street number and name or Route/Box number

City / State / Postal Code / Country

Phone Number _____ email _____

Demographic Information:

Gender _____ Birthdate _____

Educational Level _____ Occupation _____

SOM Study Status: Current Student _____ SOMA member _____ SIR member _____

I am hereby requesting that the School of Metaphysics conduct this research on my behalf as noted by my signature below.

V _____
signature/date

Full name of the person you are requesting to be researched in this report.

Note: This person must give consent for this research to be conducted.

Requested minimum donation for this type of Intuitive Report is \$80US.

Form of Payment (*circle one*):

Check/M.O. (*payable to School of Metaphysics*) Visa Mastercard Discover

Amount Enclosed: \$ _____

Visa/MC Number: _____

Exp. Date: _____

Signature of Cardholder: _____

Mail completed form with indicated payment to the address at left.

**International orders please add \$15.00 for return priority mail.*

SOM World Headquarters
163 Moon Valley Road
Windyville, MO 65783 USA
ph. 1.417.345.8411

www.som.org
www.peacedome.org
www.dreamschool.org

Your Intuitive Report will be scheduled upon receiving your request. You can expect to receive a recording by postal mail at the address you have provided within two to four weeks. The Society for Intuitive Research welcomes you.