

August 11, 1980

Dear Fred,

The Advanced Reunion Gateway Session for your Graduate Group is scheduled for September 20-28, 1980.

It will be a time not only to renew old friendships, but to be the first to experience the new Master Mind series. There also will be special exploration exercises just for Gateway Graduates, available only at the Institute.

The registration fee for Graduates is \$725, or \$650 if you now are an Institute Sustaining Member. This includes food and housing, plus three Master Mind cassettes to take home and use.

I will hold a place for you until Already reserved, so do phone or write me before then if you can come. Space is limited, and I can't promise room for you beyond that date. Please let me hear from you soon.

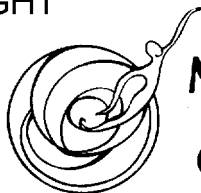
Love,



Alice Durrett
Gateway Coordinator

AD/gg

CPYRGHT



Monroe Institute of Applied Sciences

GATEWAY PROGRAM APPLICATION

1. NAME _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone () _____
 Business Phone () _____
 Present Occupation _____
 Person in closest association with you: Name & Address _____

Date of Birth _____
Sex _____
Married _____
Children _____

_____ Phone () _____

2. EDUCATION

High School _____ Graduate Work _____
 College _____ Other _____

3. PHYSICAL

Height _____ Weight _____
 Any chronic illness, abnormalities, disabilities _____
 Major illnesses, surgical operations or accidents _____
 Presently on medication _____ Special diet _____
 Recent physical exam _____ For what reason _____
 Do you participate in sports _____ What type _____
 Exercise daily _____ General health _____
 Are you right or left handed _____

4. MENTAL

Have you undergone psycho-therapy/analysis _____ . How long _____
 Name and address of therapist _____

 Ever hospitalized for mental breakdown or illness _____
 Details _____
 Do you have any special dislikes _____
 Answer by number (1) Very Strong (2) Average (3) No Fear
 Insects _____ Animals _____ Snakes _____ Crowds _____
 Heights _____ Closeness _____ Darkness _____ Other _____
 Events/things that please you most _____

5. Participation in any other mind training activities: TM, Silva, etc. _____
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Present use of entertainment or psychotropic drugs such as alcohol, barbiturates, amphetamines, etc.

Drugs: _____

How often _____

What areas of personal development do you feel you need most? _____

How did you learn of Monroe Institute? _____

GATEWAY PROGRAM SESSIONS

Session	Fee	Deposit	Deposit refundable until
EXCURSION	\$ 55	\$ 15	Two weeks before the session
WEEKEND - DISCOVERY	350.	75.	Four weeks before the session
EIGHT DAY EXPLORATIONS	850.	200.	Six weeks before the session

(Fee varies with location)

I desire to participate in the following type of session _____

It is scheduled to be held at THE CENTER on Date _____

The cost to me will be \$ _____, as indicated above. I enclose a Reservation Deposit of \$ _____, as indicated above.

The balance of my Registration Fee will be paid by me on the first day of my attendance.

I understand and agree that my participation in the Gateway Program is solely for my own personal use and benefit, and that any information, experience, methods, techniques, or other data related thereto is for my own private use only.

I therefore agree that I will not release directly or indirectly any of the above through any public medium without the written approval by the Monroe Institute of Applied Sciences of the content of such public release.

Please charge my Master Charge VISA. Card No. _____ exp. date _____

Signed _____

Date _____

Send to:
MONROE INSTITUTE OF APPLIED SCIENCES
P. O. BOX 94C
FABER, VIRGINIA 22938
(804) 361-1252

CPYRGHT

PROFILE OF ADAPTATION TO LIFE

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INSTRUCTIONS:

- 1. Before answering the questions below, please read the information provided to you about the purpose of this questionnaire, protection of your right to privacy, etc.
2. Try to answer each question below to the best of your ability. Do not spend too much time on any one question. Your first impulse is generally your best answer.

PLEASE COMPLETE THE FOLLOWING BACKGROUND INFORMATION:

Your Name: (Please Print) Today's Date: Month Day Year

- A. SEX (Check one) (1) Male (2) Female
B. MARITAL STATUS (Check one) (1) Currently married (2) Separated, divorced, or widowed (3) Never married
C. EDUCATION (Check one) (1) Less than high school (2) High school graduate (3) Some college (4) College graduate
D. AGE

Please mark one answer for each question below.

Mark your answer like this: [X] or []

Table with 4 columns (1-4) and 5 rows of questions: 1. Worried about something? 2. Felt gloomy, blue? 3. Been on edge, tense? 4. Felt uneasy, troubled? 5. Been unhappy?

DURING THE PAST MONTH, I'VE... (Please answer each statement below)

Table with 4 columns (1-4) and 5 rows of questions: 6. Enjoyed talking with others. 7. Felt trusting of people. 8. Found work useful and interesting. 9. Been involved, interested in things. 10. Felt needed and useful.

ARE YOU LIVING WITH A SPOUSE, PARENT, OR SOMEONE IN A CLOSE RELATIONSHIP?

- (1) No (If you marked "no", skip the next 5 questions)
(2) Yes (If you marked "yes", please answer the 5 questions below)

DURING THE PAST MONTH, HAVE YOU AND THIS PERSON (spouse, parent, etc.)...

Table with 4 columns (1-4) and 5 rows of questions: 11. Been able to talk it through when angry? 12. Spent enjoyable times together? 13. Discussed important matters? 14. Felt close to each other? 15. Agreed about social activities and friends?

ARE THERE CHILDREN WHERE YOU LIVE? (Mark one)

- (1) No (If you marked "No", skip to Question 21 on reverse side)
(2) Yes (If you marked "Yes", please answer the next 5 questions)

DURING THE PAST MONTH, HAVE YOU AND THE CHILD(REN)...

Table with 4 columns (1-4) and 5 rows of questions: 16. Spent time talking with each other? 17. Spent time doing things together? 18. Treated each other with respect? 19. Felt close to each other? 20. Done things for each other?

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INSTITUTE FOR PROGRAM EVALUATION (IPEV Int'l)
Box 4654, Roanoke, Va. 24015

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Please continue on reverse side

CPYRGHT

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DURING THE PAST MONTH, HAVE YOU . . .

	Rarely	Some-times	Usually	Always
21. Had enough money to handle unexpected expenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Had enough money to pay your bills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Been free from worry about debts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DURING THE LAST MONTH, HAVE YOU . . .

	Answer Choices			
	1 Not Once	2 1-2 Times per MONTH	3 1-2 Times per WEEK	4 Almost Daily
24. Had headaches?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Felt hot, feverish?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Had spells of dizziness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Waken from sleep feeling tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Had nausea (sick to stomach)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Taken medication for headache?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Taken medication for stomach?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DURING THE LAST MONTH

	Answer Choices			
	1 Not Once	2 1-2 Times per MONTH	3 1-2 Times per WEEK	4 Almost Daily
31. Have you used alcohol or non-prescription drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Have you gotten high on alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Has alcohol or drugs caused problems between you & family members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Has alcohol or drugs caused problems in your thinking clearly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: QUESTIONS 35-41 BELOW ASK THAT YOU INDICATE WHETHER OR NOT YOU HAVE EXPERIENCED ANY PROBLEMS IN CERTAIN AREAS OF ADJUSTMENT OR ACTIVITY DURING THE PAST MONTH. PLEASE BE SURE TO ANSWER EACH QUESTION BELOW.

DURING THE PAST MONTH, HAVE YOU HAD PROBLEMS . . .

35. With Feeling Bad (worried, unhappy, tense, etc.)?
(Mark one answer)
(1) No problem
(2) Some problem
(3) Serious problem
36. Enjoying Other People or your Daily Life?
(Mark one answer)
(1) No problem
(2) Some problem
(3) Serious problem
37. In the Relationship with the Person Close to You?
(Mark one answer)
(0) I'm not in a close relationship
(1) No problem
(2) Some problem
(3) Serious problem
38. In Relating to Children in the Home?
(0) No children where I live
(1) No problem
(2) Some problem
(3) Serious problem
39. With Having Enough Money to Handle Expenses?
(1) No problem
(2) Some problem
(3) Serious problem
40. With Feeling Sick, or Problems with Health?
(1) No problem
(2) Some problem
(3) Serious problem
41. In Using Too Much Alcohol or Drugs?
(Mark one answer)
(1) No problem
(2) Some problem
(3) Serious problem

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 BACKGROUND INFORMATION TO PAL SCALE

From time to time, people become involved in experiences that may change their lives in certain ways. The attached scale provides information on your PROFILE OF ADAPTATION TO LIFE (PAL), and will be used only to measure the effects of our programs over time. The information you provide will remain strictly confidential and the results will be reported in group averages. You, of course, are free not to participate if that is your choice.

Please complete this background information first. Then go on and complete the PAL Scale items themselves. Your participation in this evaluation of our program is very much appreciated.

BACKGROUND INFORMATION:

Name _____ Today's Date _____ 17-22
 Street _____ Phone _____
 City & State _____ Zip _____

YOUR MARITAL STATUS (Check one)

- (1) _____ Currently married
- (2) _____ Separated, divorced, widowed
- (3) _____ Never married 23

SEX (Check one)

- (1) _____ Male
- (2) _____ Female 24

AGE _____ 25-26

EDUCATION (Check one)

- (1) _____ Less than high school
- (2) _____ High school graduate
- (3) _____ Some college
- (4) _____ College graduate
- (Type of degree _____) 27

HEIGHT: _____ feet _____ inches 28-30

WEIGHT: _____ pounds 31-32

DO YOU SMOKE CIGARETTES? (Check one)

- (1) _____ Not at all
- (2) _____ About 1/2 pack per day
- (3) _____ About 1 pack per day
- (4) _____ Over 1 pack per day 33

HOW MUCH COFFEE DO YOU DRINK EACH DAY? (Check one)

- (1) _____ None or rare cup
- (2) _____ About 1-2 cups per day
- (3) _____ 3-4 cups per day
- (4) _____ 5 or more cups per day 34

DO YOU WATCH TV? (Check one)

- (1) _____ None or rarely
- (2) _____ Less than 1 hour per day
- (3) _____ 1-2 hours per day
- (4) _____ 3-4 hours per day
- (5) _____ 5 or more hours per day 35

AVERAGE HOURS OF SLEEP PER NIGHT (Check one)

- (1) _____ 4-5 hours
- (2) _____ 5-6 hours
- (3) _____ 6-7 hours
- (4) _____ 7-8 hours
- (5) _____ 8 or more hours 36

OCCUPATION OR PROFESSION: _____ 37