



CROSSING OF PATHS PROFILE

an Intuitive Report from the School of Metaphysics

Your Name _____
(Male - as appears on birth certificate)
(Female - First & Middle Name as appears on birth certificate, Last Name most recent Married Name)

Postal 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.

If you have a question or specific concern please write this legibly on the reverse side of this sheet.
(Maximum of Five questions)

Requested minimum contribution for this type of Intuitive Report is \$120.00 US.
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.
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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.