



DON HUMBERTO SONCCO – HIGH MOUNTAIN SHAMAN FROM PERU

Don Humberto Soncco is a highly respected **Q'ero Master Shaman** from the mountains outside Cuzco, Peru. **The Q'ero Indians** are the direct descendants of the **Inka**. Don Humberto is the former president of the Q'ero nation and he will be making a rare appearance in **Northampton, MA** to teach about the **shaman's mesa (altar)** and give individual readings and healings. The **Q'ero shamans** are some of the most highly respected shamans in Peru and the shamans to whom many other shamans go to receive their initiations. **Don't miss this exceptional opportunity.**

Wilberto Salas Alasi is Don Humberto's apprentice and our translator.

Dr. Michael Verrilli and **Deborah Uller** will be assisting.

Saturday, March 28, 2009: Northampton, MA

Don Humberto will discuss the **Andean cosmology** and the **shaman's mesa** in all of its use and aspects. Participants will be able to begin their own mesa and have it blessed. Don Humberto will conduct a **Karpay Despacho Offering** (Earth-honoring Ceremony) and give both an energetic cleansing and **Karpay Initiation** to all participants. This is an event in which the shamans will be "**Giving the Power**" of the connections to various protectors and ancestors. **Beginners and Advanced students welcome.**

Cost: \$150

Sunday, March 29 and Monday, March 30, 2009: Individual Readings and Healings

Personal healings consist of either an energetic cleansing with the **shaman's mesa/special healing stones** or a personal **despacho** (offering of herbs, sweets, flowers and prayers) to the **Pachamama** (Mother Earth) and the **Apus** (Mountains).

Cost: \$150 for a one hour healing

Personal life readings consist of a **divination** by the shamans concerning specific questions about your health, work, personal relationships, etc.

Cost: \$100 for a half hour divination

**Choose the Workshop with/without a healing and/or reading. Preregistration required.
Peruvian handicrafts will be for sale.**

Dr. Michael Verrilli, DO (413) 584-5921 apuausangate@hotmail.com

www.theshamanspath.com



DON HUMBERTO SONCCO

HIGH MOUNTAIN SHAMAN FROM PERU



**Private
Readings
and Healings**

**Workshops
on Andean
Shamanism**

Preregistration Required

**March 28 - 30, 2009
Northampton, MA**

**Dr. Michael Verrilli, DO
(413) 584-5921**

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apuausangate@hotmail.com**



Registration form.*Please print clearly*

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL ADDRESS _____

DAY PHONE _____

NIGHT PHONE _____

HEALING AND/OR READING WITH DON HUMBERTO

WORKSHOP – NORTHAMPTON _____

NUMBER OF PERSONS ATTENDING _____

DEPOSIT _____ MEDICAL CONDITIONS _____

PAYMENT METHOD: CIRCLE ONE CHECK VISA OR MASTERCARD (3.5% SURCHARGE)

CREDIT CARD NUMBER _____

EXPIRATION DATE _____

SIGNATURE _____

SPECIAL NEEDS _____

\$75 deposit for Workshop**\$60 deposit per Healing or Reading; \$125 deposit per Healing and Reading****DEPOSITS ARE PER PERSON & NON REFUNDABLE Balances due by March 21, 2009.*****(I will send you directions and what to bring to workshop/reading/healing when I receive your deposit).*****REFUNDS (NOT including \$35 processing fee and credit card surcharge) are ONLY given if event is cancelled.**

<p>No Refund After March 21st Except as below</p>
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Please mail this form with your payment to: Dr. Michael Verrilli • 16 Center St., Suite 523 • Northampton MA 01060

(413) 584-5921 • apuausangate@hotmail.com

www.theshamanspath.com



Participant Agreement



Release of Liability and Assumption of Risk

I, the undersigned participant, understand that the Andean Healings/Readings, Workshop and Ceremony (hereafter referred to as Experience) are powerful. I also understand that I will not be asked to do anything illegal, immoral, or against my will. I have chosen to participate in this Experience out of my own free will and without coercion. I recognize and understand that this Experience is a spiritual and healing experience, and not a form of mental, psychological, or medical therapy.

In signing this agreement I also state that I have disclosed any and all medical conditions on my registration form that are pertinent to participating in the Experience. If I have any concern about the effect that this Experience might have on my physical, mental, or emotional condition, I understand that it is recommended that I consult a licensed physician and/or psychotherapist prior to participating.

I accept complete responsibility for this Experience. I do not hold Dr. Michael Verrilli/The Shaman's Path, and their support staff, their stockholders, officers, directors, employees, consultants, and the Experience leaders, (hereafter referred to as Facilitators) responsible or liable in any way for damages, injuries, diseases or problems that result or may result directly or indirectly from the Experience or from any other aspects of the Experience. That includes but is not limited to any and all damages prior to, during, or subsequent to said Experience.


I take full responsibility for all my actions, conscious or unconscious, and, therefore, completely release the Facilitators collectively from all medical and legal responsibility and liability forever with respect to this Experience.

I have read the financial terms and agree to them completely.

My signature indicates that I have given serious consideration to this commitment, and it represents my intention to participate deeply and fully in this important spiritual and healing work.

(signature)

(today's date)



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