



TantraNectar

TANTRA NECTAR WORKSHOPS APPLICATION FORM

Please respond to all the questions in as much detail as possible. Do not leave any questions blank. Once you have completed the application, please hit the 'send' button or email the completed form to Satyarthi Prateek at satyarthi.dev@gmail.com. You can also reach out to us in case of any query.

At Tantra Nectar's Workshops, you may across partial or complete nudity. We encourage our attendees to embrace intimacy and overcome all their inhibitions. By signing up for the workshop, you are giving us your permission to be accepting and welcoming of the very nature of the workshop.

You may experience love and emotions without any mental or physical boundaries. While deep penetration is not allowed during a workshop, you may witness and experience nudity. You will be participating in a safe environment where your consent and freedom is of paramount importance. We encourage you to shed your inhibitions and follow what your heart says and where your soul directs. You are free to pursue your connections within and outside the workshop during the free time, but the same should not cause any nuisance or discomfort and should always be consensual. We would like to draw your attention and inform you that the consent of all parties is indispensable and non-negotiable

If you choose to not embrace nudity in any form, that also is acceptable to us; however, you must not make anyone feel uncomfortable who does not have the same choice as yours. Let's accept love in all forms, choices, ways. Freedom and Choice and the amount of participation in terms of nudity and intimacy will always be your decision.

We organize workshops across the Globe. Please browse our Calendar and sign up for the workshop that suits your schedule. We shall accordingly contact you and connect you with the respective trainers and organisers.

1. Name:
2. Age:
3. Mailing Address:

4. Telephone Number:
5. Social Accounts: (What's App, Facebook, Instagram, VK)

6. Email:
7. Nationality/ Ethnic Background:
8. Profession:
9. Current Occupation:



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10. How did you find out about this workshop?
11. Why would you like to participate in this workshop?
12. Have you heard about Tantra? If yes, what have you heard and what is your opinion on the same?
13. What is your experience with Tantra? Have you participated in any workshops / trainings? If yes, please share the details of these workshops and the Teachers. On a scale of 10, how much do you rate your knowledge? What Tantra lineages have you been involved with?
14. Have you received or taken a Tantra Massage? If yes, please share your insights on the same. Have you experienced Massage/Body Work? If so, which kinds? How much experience do you have in giving and receiving massage?
15. What is your experience with yoga and meditation? For how long have you been practicing the same? What are your views on Tantra Yoga?
16. Have you explored any spiritual path deeply? If yes, which path/paths, and for how long?
17. Are you in a relationship at the moment? If yes, what kind of a relationship is it? Are you married or unmarried? What is your sexual orientation? Heterosexual? Homosexual? Bi-Sexual? Or other? Describe your love life.
18. If you are a male, do you suffer from any sexual problems? Do you suffer from pre-mature ejaculation?
19. If you are a female, do you face difficulties in experiencing an orgasm?
20. Have you undertaken any Sexual Healing? If so, by whom and how was your experience.



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21. Please describe how you have been experiencing your sexuality, now and in the past.
22. Do you have experience with theatre, dance, arts, or choreography? If so, please describe.
23. Please describe how you have been experiencing intimate relationships, now and in the past.
24. Please describe how you take care of your health and what is your current state of health?
25. What are your hobbies? What do you enjoy doing in your free time?
26. Are you currently on medication, if so what kind?
27. Have you ever been treated for any psychological problems/ depression? If so, please give details.
28. What is your experience with drugs, nicotine, and alcohol, now and in the past? Please describe your consumption (when, what, how much, etc...).
29. Is there anything you would like to add? How are you feeling in your life at this time?
30. Can we send you our Newsletter? If yes, please share your email id. We provide active support through our emailers, newsletters, social media handles.

Signature:

Date: