

## **ART OF BREATHING WORKSHOP**

DATE / DAY OF WORKSHOP: 26<sup>TH</sup> JUNE 2010

TIMING: Saturday 2PM – 4.30PM

WORKSHOP FEES: SGD 58

INSTRUCTOR: GUEST INSTRUCTOR RAJARATNAM

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### **Why is breathing important?**

Breathing techniques will help to reduce stress and eliminate toxins and regulate the mind. Skillful use of the breath will transform and improve the overall quality of life.

Using ancient yogic breathing techniques, one will learn special breathing techniques that infuse the body with energy and harmonize the natural rhythms of the body.

### **How is this Workshop Beneficial?**

This workshop aims to improve the well-being of each individual in the following areas.

1. Increase Energy Levels
2. Control Cholesterol Levels
3. Refresh and Rejuvenate the Body and Mind
4. Reduce Frequency and Intensity of Chronic Pain
5. Increase in Mental Clarity and Alertness

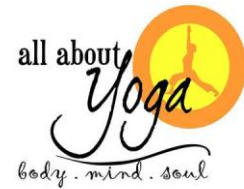
### **What is covered in the Workshop?**

Extremely effective and revolutionary techniques help an individual deal with everyday stress in life, promoting better quality of life.

Throughout the 2.5 hours workshop, 15 minutes will be spent on theory followed by an introductory series of yogic breathing methods and asanas.

Pranayama – Practice of Breathing Control

Kapalabhati – A mind detoxification technique.



Kriya - Also known as spontaneous movements resulting from the awakening of Kundalini energy.

Nadhi Sodhana – Also known as Alternate Nostril Breathing

Agni Saar – Stomach - Flapping Technique

Asanas – Yoga Postures (together with breathing techniques) to work particularly on the lower back. This will help to improve posture, positivity, back-ache relieve and strengthening of lumbar muscles.

### **Who should attend this Workshop?**

All are welcomed to attend this workshop. However, people who have undergone recent surgeries, pregnancy, high blood pressure, and chronic illnesses are strongly advice to inform the management and instructor their condition before attending this workshop.

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### **Workshop Registration Form**

Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_ (Hand phone) \_\_\_\_\_ (Home)

Email: \_\_\_\_\_

Have you undergone a recent surgery? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you have undergone a surgery, please state what kind of surgery you have gone through.

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All About Yoga Pte Ltd will not be liable for any individual injured during the course of practice. Members are to note that classes are practiced at their own risk and they are expected to inform the instructors and/or management of any prevailing health issues. No refunds will be allowed once payment has been received.

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Signature and Name of Member

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Date and Day

