

SHAMANIC



DEATH AND DYING

FACILITATED BY
DR. LIANA CARBÓN

VISIT SHAMANICWISDOM.COM FOR LOCATION / DATES • \$895

This workshop is for those who wish to understand the death process better — for themselves and for those who either from a personal or professional viewpoint, wish to help others transitioning through death. During this Mastery Level training, we will look closely at the meaning of death in our own lives and develop a courageous, open and dignified approach. We will explore alternate reality from various perspectives, including Real Death, Shamanic Death and Shadow Work.

IN THIS WORKSHOP YOU WILL:

- explore the doorway into timelessness and the cosmology of where we travel after death;
- learn the journey beyond death through Spirit Flight, mapping a personal landscape of the afterlife;
- be trained to journey to the departed for helpful and loving communication;
- use dreamwork and journeywork to aid the dying and assist the departed on their spiritual journeys;
- travel beyond our personal death to enter the mysteries of death and rebirth; and
- embrace your dark side, bringing greater courage and clarity to the issues of daily life.

We invite you to join us in a quiet private setting where we will work together during the four days and send you off in the evening to deepen your work. Our space is limited to 18 participants so our work will be focused and personal. If you are feeling called to join us in this opportunity, please register soon.

619-980-8151 • info@shamanicwisdom.com • www.shamanicwisdom.com

A portion of
your fees benefit
ISW's Kumari Wara
First Nations
Preservation
Program.

The Institute of
Shamanic Wisdom,
Inc. is a 501(c)3
nonprofit corporation.

PLEASE REGISTER ME FOR SHAMANIC DEATH & DYING

My check for \$_____ is enclosed.

Non-refundable \$125 deposit is required to hold your place. Full tuition is due 30 days before the workshop begins. Please note lodging is not included.

Mail checks, payable to ISW, to the
Institute of Shamanic Wisdom, Inc.,
2070 Brookhurst Dr., El Cajon CA 92019.

Name _____

Address _____

City/State/Zip _____

Phone _____

Email _____