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*Hermes Trismegistus* is a registered pseudonym of Tom DeLiso

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## Chapter 1 / In the Beginning Worksheet Page

**Instructions:**

*On the chart below are several key points that the creative universe follows. See if you can find examples of these tenants in your daily life and write them down in the space provided. We'll be covering all of these in the chapters that follow, so for now just take a note of them.*

~~~~~

| Element to look for | Where in your life you see an example of it. | Reality Creating Rule                                                                                                                                                                         |
|---------------------|----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| One Driving Force   |                                              | <ul style="list-style-type: none"> <li>• A unified reality creating system or force.</li> <li>• A life force that connects everyone to everyone.</li> </ul>                                   |
| First Cause         |                                              | <ul style="list-style-type: none"> <li>• Something from nothing (manifestation).</li> <li>• Birth of your own creations.</li> </ul>                                                           |
| Continual Change    |                                              | <ul style="list-style-type: none"> <li>• Existence and change are interlinked.</li> <li>• You exist because you change</li> <li>• Nonexistence = stagnation</li> </ul>                        |
| Constructive Design |                                              | <ul style="list-style-type: none"> <li>• The universe evolves in a constructive fashion.</li> <li>• Nothing happens unless it can be used positively.</li> </ul>                              |
| Simultaneous Design |                                              | <ul style="list-style-type: none"> <li>• When something is created, it is created all at once – beginning, middle, and end. (<i>Tough one to uncover but you will find clues.</i>)</li> </ul> |
| Energy Conservation |                                              | <ul style="list-style-type: none"> <li>• The universe cannot and does not waste energy and resources.</li> <li>• Nothing manifests without a need.</li> </ul>                                 |
| Infinite Diversity  |                                              | <ul style="list-style-type: none"> <li>• The universe contains <u>all</u> possibilities of everything that exist.</li> </ul>                                                                  |

## Chapter 3 / The Nonphysical (part 1) Worksheet Page

**Instructions:**

*On the chart below pick three physical objects to describe. Close your eyes and imagine what each object is like and make a mental note as to what you see in your mind's eye. Then open your eyes and compare the actual image with your mind's eye image. Record the similarities and differences below. Do this exercise three times at separate times of the day or on different days. (For more complete instructions see worksheet notes)*

~~~~~

	OBJECT 1	OBJECT 2	OBJECT 3
<b>SESSION 1</b>			
Differences			
Similarities			
<b>SESSION 2</b>			
Differences			
Similarities			
<b>SESSION 3</b>			
Differences			
Similarities			

## Chapter 5 / The Ever Present Moment Worksheet Page

**Instructions:**

*Write below what is going through your mind at two-hour intervals. Then at the end of the day, look through the notes and compare what went on in your mind at each interval. This exercise will be very beneficial if you continue it for seven days. Make copies of this worksheet first if you plan to do this exercise over the course of seven days. Then do your big end of the week comparison and use the back of this worksheet page to make notes on what things are going on in your Ever Present Moment for the entire week. See the worksheet notes at the end of the chapter for more detailed instructions.*



<b>First Session:</b>
-----------------------

<b>Second Session:</b>
------------------------

<b>Third Session:</b>
-----------------------

**Instructions:** Use the boxes below to create a synopsis of your week's worth of thoughts and things.

<b>Things common:</b>
-----------------------

<b>Things dissimilar:</b>
---------------------------

<b>Things that were probable and did not manifest:</b>
--

<b>Things that were probable and did manifest:</b>
--

<b>Other Notes:</b>
---------------------

## Chapter 6 / Simultaneous Time Worksheet Page

**Instructions:**

*Do the “Changing The Past Technique” in this chapter for various things. Record the dates below and what it was for. Then watch your present reality for signs that it is changing to conform to the changes you made. Mark down when these changes begin and then when you feel these changes are complete. By keeping track of the technique date and the transformation of your reality, you will see just how long it takes for your reality to catch up to you after you have changed the past.*



Master Event to Change	Technique Date	Reality Shift Start Date	Reality Shift End Date	Notes



## Chapter 8 / The Dream Universe Construction Basics Worksheet Page

**Instructions:**

*Pick a dream you have had in the past. Then fill in the spaces below with the information that fits each element. If done correctly you should see that a typical dream is full of elements that come from the various reality planes, since the Dream Universe crosses these planes of existence. Not all dreams will contain all elements. So do this exercise with several dreams if you can.*

Dream \_\_\_\_\_ Date \_\_\_\_\_

past element	
present element	
future (or probable future) element	
probable past element	
unrelated elements or glue elements	
emotional elements	
spiritual elements	
instinctive elements	
mental elements	
miscellaneous elements	

## Chapter 9 / Sleep-Time Worksheet Page

**Instructions:**

*Try to catch yourself as you go off to sleep and enter the Ever Present Moments predream staging area. You may have to wake yourself back up to recall the image or sound you heard, but this action is good practice to help you develop control over your consciousness. Next write down the image or sound below and try to determine what need that potential dream was going to fulfill. This exercise will give you a chance to glimpse the predream staging area in action and show you some places in your life that need attention.*

**DAY 1**

IMAGE, SOUND, OR FEELING, FRAGMENT	POSSIBLE PHYSICAL NEED

**DAY 2**

IMAGE, SOUND, OR FEELING, FRAGMENT	POSSIBLE PHYSICAL NEED

**DAY 3**

IMAGE, SOUND, OR FEELING, FRAGMENT	POSSIBLE PHYSICAL NEED



## Chapter 10 / Dream Recall Worksheet Page

**Instructions:**

*Use the sheet below to keep track and record several dreams that you have had. You will find that documenting your dreams is an excellent way to get the ego into the spirit of things and increase your dream memories.*

~~~~~

|                  |
|------------------|
| Dream Date _____ |
| Synopsis:        |
|                  |
|                  |
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|                  |
|------------------|
| Dream Date _____ |
| Synopsis:        |
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## Chapter 11 / Dream Recall Worksheet Page

**Instructions:**

List below the various dreams you have in a given month. Use the check box to categorize them. Then in two weeks or so, look at the sheet to see what kind of dreams you are having in excess. It is that aspect of your physical life that needs attention. If you continue on with this kind of thing over the next few months, and you address that area of your life, you will see a decrease in those kinds of dreams. Then work on the next item that has a high dream frequency. I've provided one month of recording. The blank spaces at the end are for categories that are not covered that you can write in.

~~~~~

MONTH: _____
--------------

DAY	TYPE OF DREAM									
	love	money	security	friendship	health	family	work			
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Chapter 13 / Crystal Meditation (part 1) Worksheet Page

**Instructions:**

*Go into several meditations over the next few days. One per day is fine. After the meditation, record anything you noticed about the meditation. Don't discount feelings as a valid experience in meditation. Write these down too. You will find each meditation quite different, leading to the assumption that something more is going on behind the scenes in a typical meditation.*



---

**Meditation 1 Notes:** Date: \_\_\_\_\_

---

**Meditation 2 Notes:** Date: \_\_\_\_\_

---

**Meditation 3 Notes:** Date: \_\_\_\_\_

---

**Meditation 4 Notes:** Date: \_\_\_\_\_

---

**Meditation 5 Notes:** Date: \_\_\_\_\_

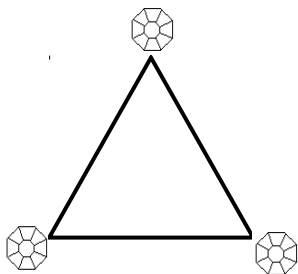
## Chapter 14 / Crystal Meditation, The power is in the stones Worksheet Page

**Instructions:**

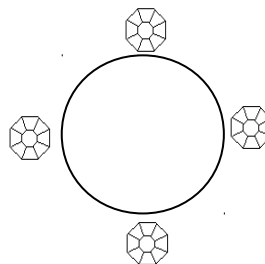
Below are the recommended patterns and the approximate time that you should use each one. Mark the dates down when you start each pattern and keep this page as an easy reference for your growth.

---

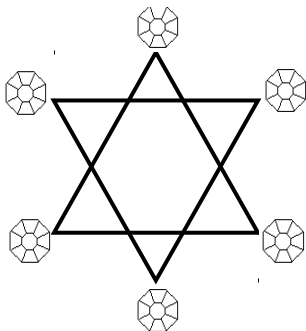
Pattern: Triangle  
Type: Basic  
Use: At once  
start date \_\_\_\_\_



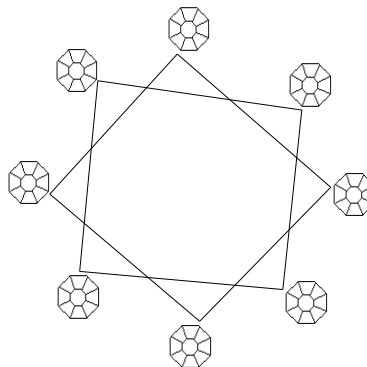
Pattern: Circle  
Type: Basic  
Use: After 2 months  
start date \_\_\_\_\_



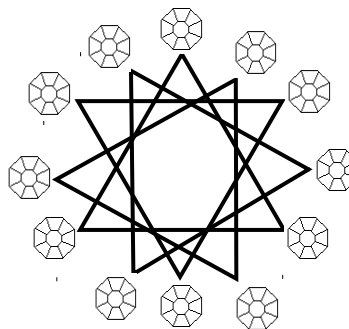
Pattern: Six-Point Double Triangle  
Type: Intermediate  
Use: After 4 months  
start date \_\_\_\_\_



Pattern: Eight-Point Star  
Type: Intermediate  
Use: After 8 months  
start date \_\_\_\_\_



Pattern: Twelve-Point Quad Triangle  
Type: **Advanced**  
Use: After 12 months  
start date \_\_\_\_\_





## Chapter 16 / Crystal Meditation: Touching the Powers Worksheet Page

**Instructions:**

*Below is a way to keep track of your meditations and what you experienced during that meditation. Try to photo copy this page and place it in a meditation notebook. As the page fills up, copy another and keep adding to the book. Every now and then (about once a month) go over your meditation notes to see any threads or to uncover any new skills that you may have gotten and are seeing manifest in your physical reality.*

~~~~~

|                 |                        |
|-----------------|------------------------|
| Date: _____     | Meditation Type: _____ |
| My Experiences: |                        |
| _____           |                        |
| _____           |                        |
| _____           |                        |
| _____           |                        |
| _____           |                        |

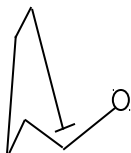
|                 |                        |
|-----------------|------------------------|
| Date: _____     | Meditation Type: _____ |
| My Experiences: |                        |
| _____           |                        |
| _____           |                        |
| _____           |                        |
| _____           |                        |
| _____           |                        |

## Chapter 19 / Out of Body Travel (preflight) Worksheet Page

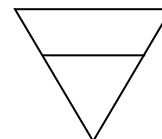
**Instructions:**

*Photocopy this page and fill out the talisman on the photocopy. This is an official request to the guardian Sandalphon to assign you with an out of body spirit guide. When it is completed and signed, hold the talisman in your hands in front of you and mentally ask that the energy of Sandalphon enter in and around the talisman. Try to feel this energy as it goes into the talisman. After about two minutes fold the talisman up and put it in your pocket or tie a string to it and hang it around your neck. Carry the talisman for three to four weeks. This will help you secure an out of body spirit guide, and it will also help you acquire some extra energy for the attempt. A talisman is like a small energy magnet. It pulls in energy to and around it, and that energy will transfer into you.*

~~~~~



### Out of Body Travel Contract A request for an out-of-body spirit guide



Dear Archangel Sandalphon:

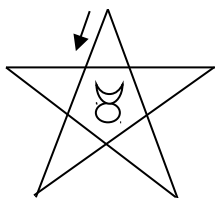
*Please accept my humble request for an "out of body spirit guide." I pledge only to use this skill for the betterment of others and myself. Furthermore, I pledge never to consciously or premeditatedly use the gift of out of body travel for malice or to do harm to another individual, entity, animal, or object.*

*I ask and give my permission for my out of body spirit guide to let me know when he/she is around using some kind of gently and loving signal.*

*I give my conscious permission for the learning and the acquirement of the ability to out of body travel. I give my permission to expand my awareness of the universe and to become more than I was before.*

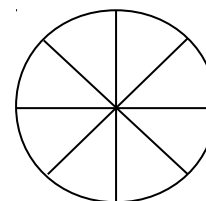
Additional: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I do solemnly swear to abide by the stated rules in this contract from this day forward.



Sign: \_\_\_\_\_

Date: \_\_\_\_\_





## Chapter 20 / Out of Body Travel (The Final Countdown) Worksheet Page

**Instructions:**

*Below is a place to keep a record of your out of body attempts and a place to record what happened. Remember to document everything, your successes, your near misses, and your failures. Recording what is happening is important to that part of the ego that has to see and touch your progress. It helps to unlock the barriers that keep you from succeeding.*

~~~~~

|                                      |                                                                                                                                                                                                                                                                                                                        |                          |                        |              |                          |                          |                          |
|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------|--------------|--------------------------|--------------------------|--------------------------|
| Date of the Attempt: _____<br>Notes: | <table style="margin: auto;"><tr><td>successful</td><td>check one<br/>near miss</td><td>unsuccessful</td></tr><tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr></table> | successful               | check one<br>near miss | unsuccessful | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| successful                           | check one<br>near miss                                                                                                                                                                                                                                                                                                 | unsuccessful             |                        |              |                          |                          |                          |
| <input type="checkbox"/>             | <input type="checkbox"/>                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> |                        |              |                          |                          |                          |

|                                      |                                                                                                                                                                                                                                                                                                                        |                          |                        |              |                          |                          |                          |
|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------|--------------|--------------------------|--------------------------|--------------------------|
| Date of the Attempt: _____<br>Notes: | <table style="margin: auto;"><tr><td>successful</td><td>check one<br/>near miss</td><td>unsuccessful</td></tr><tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr></table> | successful               | check one<br>near miss | unsuccessful | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| successful                           | check one<br>near miss                                                                                                                                                                                                                                                                                                 | unsuccessful             |                        |              |                          |                          |                          |
| <input type="checkbox"/>             | <input type="checkbox"/>                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> |                        |              |                          |                          |                          |

|                                      |                                                                                                                                                                                                                                                                                                                        |                          |                        |              |                          |                          |                          |
|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------|--------------|--------------------------|--------------------------|--------------------------|
| Date of the Attempt: _____<br>Notes: | <table style="margin: auto;"><tr><td>successful</td><td>check one<br/>near miss</td><td>unsuccessful</td></tr><tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr></table> | successful               | check one<br>near miss | unsuccessful | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| successful                           | check one<br>near miss                                                                                                                                                                                                                                                                                                 | unsuccessful             |                        |              |                          |                          |                          |
| <input type="checkbox"/>             | <input type="checkbox"/>                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> |                        |              |                          |                          |                          |

|                                      |                                                                                                                                                                                                                                                                                                                        |                          |                        |              |                          |                          |                          |
|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------|--------------|--------------------------|--------------------------|--------------------------|
| Date of the Attempt: _____<br>Notes: | <table style="margin: auto;"><tr><td>successful</td><td>check one<br/>near miss</td><td>unsuccessful</td></tr><tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr></table> | successful               | check one<br>near miss | unsuccessful | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| successful                           | check one<br>near miss                                                                                                                                                                                                                                                                                                 | unsuccessful             |                        |              |                          |                          |                          |
| <input type="checkbox"/>             | <input type="checkbox"/>                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> |                        |              |                          |                          |                          |


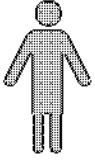
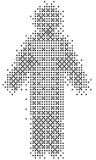


## Chapter 22 / Your Nonphysical Bodies Worksheet Page

**Instructions:**

*Below is a chart detailing what each nonphysical body can and cannot do. On your out-of-body adventures try to test each of these assumptions and document it briefly here.*

~~~~~

<b>Nonphysical ability comparison chart</b>	 <b>1<sup>st</sup></b>	 <b>2<sup>nd</sup></b>	 <b>3<sup>rd</sup></b>
<b>Ability</b>			
INDESTRUCTIBILITY	·	·	·
ABILITY TO PERCEIVE PAIN AND PLEASURE	·	·	·
PHYSICAL-LIKE SENSES	·	·	L1
PASSING THROUGH OBJECTS	x	·	·
DREAM IMAGES BLEEDING INTO PROJECTION	·	x	x
TIME TRAVEL	x	L2	·
FLOATING	L	·	·
HIGH-SPEED TRAVEL	x	L3	·
TRAVEL TO THE TEACHING LEVELS	x	·	NP4
INTER-DIMENSIONAL TRAVEL	x	x	·
TRAVEL TO THE DISTANT PAST OR FUTURE (BEYOND 200 YEARS)	x	x	·
TRAVEL OUT OF THE SOLAR SYSTEM	x	x	·
Notes: 1. All senses greatly subdued 2. Up to 200 years 3. Limited to several times the speed of light 4. The teaching realms can be reached easily with the second nonphysical body	· = possesses attribute L = limited attribute NP = not practicable X = lacks attribute		

Date	Ability Tested	Body Type you were in



## Chapter 25 / Tree of Life (part 2) Worksheet Page

**Instructions:**

*Below is a list of the guardians that preside over each Tree of Life Sephira. After you meet that guardian, write down how he appeared and any other qualities that may help you to remember who he is so you can easily recognize him again. This worksheet is also lots of fun to share with others to compare the similarities and differences in how these beings appear.*



Guardian	Perceived Appearance and Other Qualities
Metatron (Kether)	
Ratziel (Chokmah)	
Tzaphkiel (Binah)	
Tzadkiel (Chesed)	
Khamael (Geburah)	
Raphael (Tiphareth)	
Haniel (Netzach)	
Michael (Hod)	
Gabriel (Yesod)	
Sandalphon (Malkuth)	



## Chapter 27 / The Little Angel Worksheet Page

**Instructions:**

*On the sheet below, keep track of when and what you sent your Little Angel out for. Then later record what you discovered from your Little Angel in the spaces provided. The documenting and the validating of your Little Angel can help greatly in increasing the accuracy as well as the volume of information you get from it.*

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| Date & Time Sent | Date & Time Returned | Mission of Little Angel | Facts Returned |
|------------------|----------------------|-------------------------|----------------|
|                  |                      |                         |                |
|                  |                      |                         |                |
|                  |                      |                         |                |
|                  |                      |                         |                |
|                  |                      |                         |                |
|                  |                      |                         |                |

## Chapter 28 / Karma Worksheet Page

**Instructions:**

*While this exercise may not be an easy one to actually see, it is possible to track your reality creating and the resulting returning karmic wave. The difficulty is in knowing when a karmic wave has returned to you. However, this exercise will help you to hone this process. To begin, use one of the techniques or skills in this book and do something good and beneficial for someone else. Try to be as enthused about this manifestation as possible. The idea is to generate a great deal of manifestation energy around this act, so that you can get the manifestation wave to come back to you in about 7 days. Use a dream, meditation, or out of body travel to help you determine if this action is correct (if you feel this is needed). Use the worksheet below to keep track of when you successfully manifested this good deed and when that wave returned to you. Remember to keep in mind that your returned energy wave will be similar but not exactly the same as the one you first generated. It is okay to do this exercise and track several different manifested good deeds at one time. In fact, this simultaneous good deed creating will certainly increase your chance of catching a reverse wave on at least one of them.*



| Date of initial manifestation | Initial manifestation deed | Date of return wave | The way the return karmic wave manifested in your life |
|-------------------------------|----------------------------|---------------------|--------------------------------------------------------|
|                               |                            |                     |                                                        |
|                               |                            |                     |                                                        |
|                               |                            |                     |                                                        |
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