



To grok: to know something profoundly and experientially - intellectually, emotionally and intuitively

Eagle's Eye Workshop Reservation and Registration

(Version 1d, dated 4/3/2026)

The information listed in **the form below is required to approve your Eagle's Eye workshop registration request.** You may **reserve your seat** for any workshop by paying a \$100 deposit up front, but reservations will not be finalized until we have received and approved your reservation request. Following receipt of your reservation request, you will be contacted by phone by one of our practitioners for a brief interview. Deposits to reserve your seat may be paid **online via the Payments webpage** until the entire registration approval process described below is completed.

If you have questions or concerns about the workshop or some of the information requested below, or have privacy concerns, please feel free to call us at the number below. (If you prefer not to fill this form out online, as an option **you may also download this entire webpage by clicking here**, print out the contents, complete the form manually offline and mail it via postal mail to the address listed below) along with your deposit. The information requested on this form is required to screen all candidates for participation at the workshop or private session. ***This information must be supplied either online by filling out the form below online or by printing it out and filling it in manually. Upon receipt of your registration form and review by one of our practitioners, you will receive a brief telephone call by one of our practitioners to finalize your eligibility to attend the workshop.***

Upon acceptance of your registration request to the Eagle's Eye workshop, you will receive an email confirming your acceptance (usually within 3-5 business days) along with any additional workshop details. If you have not already done so, the deposit will be required to reserve your seat.

Once your reservation and registration is accepted, to finalize the registration process, you must submit a completed **"Informed Consent Agreement"** either by submitting it online, or by printing out the form and completing it manually and then emailing a hard copy of the completed agreement. If you have any questions about the contents of either of these agreements or need help in filling them out, please feel free to email us or call us (see below for contact information).

Finally, at the start of the workshop, you may be asked to sign a **one-page affidavit** affirming that you have read, understood and have had the opportunity to ask questions about the entire content of both **the Registration and Reservation form (below on this webpage)** as well as the **Informed Consent Agreement**.

Upon receipt and acceptance of the completed and signed Informed Consent Agreement, if you have not already done so, you can then submit the balance of the workshop registration fee for \$395 (the \$495 less your prepaid deposit) either **online here by credit or debit card** or by check sent via postal mail for the balance of the workshop registration fee. Once we have received payment for the outstanding balance, you will receive detailed information via email with specific details of the workshop. Please be sure to add "**eagleseye@grokingwholeness.info**" to your list of email contacts so emails sent from us do not find their way to your email's spam folder.

No one will be allowed into the workshop without full payment in advance, receipt of the completed registration form, and receipt of the completed informed consent agreement. These forms must be on file by us at least two full weeks before the start of the actual workshop.

If you prefer not to fill out the required forms online, they may be printed out and filled in manually and then sent to our postal mailing address along with along with your check for the balance of the fees owed. Our postal address is:

Best Medicine, Inc.
8022 Mays Avenue
Riverview, FL 33578

If you include a check, it should be made out to **Best Medicine, Inc.** (the sponsor of these events,) along with the completed **Informed Consent Agreement** when you mail the agreement to us (via postal mail). Please also include the balance of your registration fee. (Groking Wholeness is an agent for Best Medicine, Inc.)

Currently, all weekend workshops are held at the **Riverbend Retreat Center** in Riverview, FL, 30 minutes from Tampa International Airport (TPA) off I-75 Exit 250 - Gibsonton Drive. The cost for the workshop is currently offered at an introductory rate of \$495 and includes food and lodging for the weekend. Other future dates are posted on the

Events page and on the form below. You can also use the **payments form** to reserve a seat at a future workshop. A \$100 deposit is required to reserve your seat until the full registration fee is received and approved - all deposits received will be deducted from the full registration fee.

Please note that the rooms at the retreat center are all double occupancy so you can either share a room with a significant other or you will be asked to share a room with another attendee of the same gender as you. If you do not wish to share a room or prefer privacy, there are hotels close by and we will provide transportation to/from the retreat center as no one will be permitted to drive for at least 24 hours during the workshop. Our preference is that you stay at the retreat center if at all possible for a better experience. If you wish to stay offsite, please email or call us for a list of nearby hotels.

Previous workshop attendees: Please fill out both forms described above each time you register for a new workshop. Forms filled out for a previous workshop will not be considered for future workshops.

To review our privacy policy, [please click here](#).

If you have any questions, please email us at eagleseye@grokingwholeness.info or call at **762-218-2663** (during normal business hours).

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First name *

Last name *

Email *

Enter your email address

Phone *

We will only contact you by phone if we are unable to contact you via email

Workshop / seminar choice *

- Private in-person session with Dr Roberts (\$600)
- Weekend workshop at Riverbend retreat center May 8-10, 2026 (\$495)
- Workshop at Riverbend Retreat Center May 8-10, 2026, if \$100 deposit prepaid (\$395)
- Future July 2026 weekend workshop
- Future September 2026 weekend workshop
- Future November 2026 weekend workshop

(Exact dates for each future workshop will be specified once the registrations for the minimum number of attendees have been confirmed)

deposit choice

- Deposit for the workshop specified above (\$100)
- Payment will be made in full

If the workshop you selected is full, you will be placed on a waiting list pending cancellations

Check this box if you are willing to share a room at the retreat center. Please note that all rooms at the retreat center are double occupancy. If you are not willing to share a room please contact us for off- site hotels. *

Please provide the name of a person (if you have someone particular in mind) otherwise someone of the same gender will be assigned to your room.

Enter the full name of the person if you have a specific roommate in mind for the retreat center.

Check if you will be staying offsite

Offsite hotel

If you will be staying offsite, please provide the name of the hotel. (Note that participants staying off-site will not be able to drive during the workshop - transportation to/from the workshop will be provided in this case)

Dietary preferences

Please list any special dietary restrictions or preferences

Accessibility issues

Describe any accessibility requirements or handicap issues or considerations

Current Medications, Supplements and Allergies

Medications *

List all medications, dosages and over-the-counter supplements - be specific with actual drug names

Ketamine Interactions

Enter "Yes or No if known. If yes please describe

Any meds known to have interactions with ketamine (e.g., antidepressants, antipsychotics, MAOIs, anti seizure meds): Yes / No If Yes, list:

Allergies *

Enter all medications, foods and environmental allergies

Substance use and Safety Screening

Alcohol use *

Enter "Yes" or "No". If "yes, please enter frequency / amount

Cannabis use *

Enter "Yes" or "No". If "yes, please enter frequency / amount

Other Substances *

Enter "Yes" or "No". If "yes, please enter frequency / amount

Include Opioids, stimulants, benzodiazepines, or other substances

Last Use Date

Month

Day

Year

approximate date of last use

History of Abuse *

Enter "Yes" or "No" . If "yes" please provide details

Psychiatric History

Have you ever been diagnosed with a mental health condition? (check all that apply):

Multi choice

- Anxiety
- Depression
- Bipolar disorder
- Schizophrenia
- Schizoaffective disorder
- PTSD
- Eating disorder
- Other

If "other" is checked, please specify

Approximate date

Approximate date of most recent diagnosis (or year)

Treating clinic or facility

Family history *

Family history of psychosis, bipolar disorder, or other major psychiatric conditions?

Family history of psychosis, bipolar disorder, or other major psychiatric conditions? Yes / No If Yes please describe

Hospitalization or emergency care *

History of psychiatric hospitalization or emergency care? Yes / No If Yes, dates and reasons:

Self Harm or suicidal thoughts *

Yes / No If Yes, current status and brief context:

Prior psychedelic and ketamine experiences (past)

Previous use of ketamine *

Yes / No If Yes, approximate age at first use

Typical settings

Usage dose range and route

Number of experiences to date

Adverse experiences

Give a detailed example

Any adverse experiences (panic, dissociation, distress, physical reactions)? Yes / No If Yes, brief details:

Current use and plans *

Are you currently using ketamine or planning unsupervised use outside a supervised setting? Yes / No If Yes, frequency and substances:

Spiritual/Transformative experiences (past)

Previous significant experiences *

Have you had significant transformative or spiritual experiences with ketamine or other psychedelics? Yes / No If Yes, describe: setting, context, insights, and integration outcomes:

Impact

How have these experiences impacted your beliefs, values, or sense of meaning?

Challenges and integration

Have you faced challenges with integration or distress after experiences? Yes / No If Yes, describe:

Supports

What supports helped with integration (therapy, community, journaling, meditation, etc.)?

Planned ketamine journey and goals

Planned journey and goals *

Primary goals for the journey (brief):

Safety planning and emergency readiness

Trusted person *

Do you have a trusted sober person available during and after the journey? Yes / No If Yes, name and contact information:

Medical emergency *

Do you have a medical emergency plan (clinic, hospital, emergency services)? Yes / No If Yes, details:

Current provider contact *

Are you currently under care for mental health or medical conditions? Yes / No If Yes, provider and contact:

Consent and Privacy

- I understand this form collects sensitive information for safety screening and care planning. If you understand, please check the box. If you do not understand, leave the box unchecked. *
- I understand this questionnaire is not a substitute for medical or legal advice. If you understand, please check the box. If you do not understand, please leave the box unchecked. *
- I have read both the Groking Wholeness **disclaimer** and **privacy** statements and agree to their terms (links to these statements are on the bottom of every Groking Wholeness web page) *

By typing my name below in the box labeled "signature", I electronically sign this document and affirm it has the same effect as my handwritten signature under applicable law.

Signature *



Printed name *

Date signed *

Month

Day

Year

Submit

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