**VOLUNTEERS NEEDED – RESEARCH PROJECT**

**Looking for people who feel very different or odd**

**because of pre-birth memory, birth trauma, being a**

**preemie, or while a baby, toddler, up to the age of five.**

P. M. H. Atwater, L.H.D. seeks to refocus on tiny ones, to double-check the work she has already done. Our tiniest near-death experiencers are different. Her earlier work in this area is contained in the book *The New Children and Near-Death Experiences.*

**TO PARTICIPATE, PLEASE SEND THE FOLLOWING:**

* Your present age, race - if adult, occupation, marital status, any children.
* Age when you think your NDE or similar experience occurred.
* Details, including medical and/or third-party verification if available.
* What was it like afterward? Please describe.
* Brief description of childhood: what was it like for you with your family, your siblings, your friends? What was dating like, sports, school, social activities? What was growing up like for you? Sleep?
* Were there any differences that seemed to set you apart – the way you think, the way you speak, the way you interact, the way you respond, the way you worship, your contact with the spiritual, animals, nature?
* Did you ever contemplate or try to commit suicide? Run away? If so, why?
* Did you ever take drugs or drink alcoholic beverages? If so, why?
* How was sex for you? Relationships? Did you ever seek counseling?
* Did you ever try to relive or understand what happened to you through art or creative writing? If so, please send samples/photos of what you did.
* Do a black/white drawing or sketch of your episode – what you can remember of it, or how it affected you. If you already have childhood drawings like this, please send a copy of them. Stick figures are fine.
* Give written permission to P. M. H. Atwater that she can use any or all of your material, what you provide, in her research, in any program she may put together, in any book she may write, or digital recording.
* If you are under the age of eighteen, you need to provide parental/guardian permission as well as your own.
* State if you would be willing to appear with Dr. Atwater on any television show, film, radio show, or promotional endeavor – should such occur.

Dr. Atwater reserves the right to edit whatever is submitted if needed. You will be sent a copy before publication, so you can double-check for accuracy. Whatever papers, drawings, materials are sent will not be returned. You retain full rights to your own material. What is asked for here is simply permission for Dr. Atwater to use whatever you submit.

**Send all of this by May 31, 2016 to: P. M. H. Atwater, L.H.D., P. O. Box 7691, Charlottesville, VA, 22906-7691, or to** [**atwater@cinemind.com**](mailto:atwater@cinemind.com)**.**

PLEASE SEND NOTIFY OTHERS, AS MANY PEOPLE AS YOU CAN