

Perelandra Organizing Process Chart

Issue/Condition: _____

Name: _____

Step # Dates	MAP	MAP/Calibration	Microbial Balancing	Essence Solution	Other
1. _____ <input type="checkbox"/> Integration period needed. Date: _____ thru: _____ <input type="checkbox"/> Clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____ <input type="checkbox"/> Integration period needed. Date: _____ thru: _____ <input type="checkbox"/> Clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____ <input type="checkbox"/> Integration period needed. Date: _____ thru: _____ <input type="checkbox"/> Clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ORGANIZING PROCESS CONING:

If you use MAP: Open your MAP coning first. Then add to it the Deva of the Microbial Balancing Program.

If you do not use MAP: Open a coning with these members: the Deva of Healing and the Deva of the Microbial Balancing Program, Pan, the appropriate connection with the W.B. for the Perelandra Organizing Process, and your higher self.

Step # Dates	MAP	MAP/Calibration	Microbial Balancing	Essence Solution	Other
4. _____ <input type="checkbox"/> Integration period needed. Date: _____ thru: _____ <input type="checkbox"/> Clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____ <input type="checkbox"/> Integration period needed. Date: _____ thru: _____ <input type="checkbox"/> Clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. _____ <input type="checkbox"/> Integration period needed. Date: _____ thru: _____ <input type="checkbox"/> Clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. _____ <input type="checkbox"/> Integration period needed. Date: _____ thru: _____ <input type="checkbox"/> Clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>