

*Master Choa Kok Sui*  
**PRANIC HEALING Level I Course**  
 Asheville, NC

**Course Date:** October 16 & 17, 2010  
 9:00 a.m.--6:00 p.m.  
**Course Location:** Crown Plaza Resort  
 One Resort Drive  
 Asheville, NC 28806

**Course Instructor:** Duane Anderson, CAPH  
**Contact Information:** 386.736.6737  
**E-mail:** [PHCD@cfl.rr.com](mailto:PHCD@cfl.rr.com)  
**Mailing Address:** 216 N. Woodland Blvd  
 DeLand, FL 32720

**STUDENT REGISTRATION FORM**

Name: \_\_\_\_\_  M  F Birth Date: \_\_\_\_\_  
 (Print your name CLEARLY as you want it to appear on your Certificate)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Tel:(Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

How did you hear about Pranic Healing? \_\_\_\_\_ Referred by \_\_\_\_\_

	Workshop	Paid in full by Oct. 2	Regular Fee	At-the-door
<input type="checkbox"/>	Pranic Healing Level I	\$325	\$350	\$395
<input type="checkbox"/>	Review	\$50	\$50	\$75

**CONFIDENTIAL STUDENT DATA**

For your safety, please answer the following questions:

- 1) Do you smoke?  Yes  Rarely  No
- 2) Do you take drugs?  Yes  Rarely  No
- 3) Do you drink alcoholic beverages?  Yes  Rarely  No
- 4) What is your diet?  Vegetarian  Non-Vegetarian
- 5) Have you been diagnosed or had a history of contagious diseases or other illnesses?  Yes  No  
 If yes, please specify: \_\_\_\_\_

- 6) Do you have a history or present serious physical or psychological disorders?  Yes  No  
 If yes, please specify: \_\_\_\_\_

- 7) Will you be earning General CEU Hours?  
 Acupuncture (FL)  Massage (NCBTMB)  Social Worker (NASW) License # \_\_\_\_\_

**WAIVER: I promise that I will not give, teach or divulge the techniques and teachings derived from the workshops to anyone without Master Choa Kok Sui's written approval. I also promise not to misuse the knowledge that I derived from the workshops. I also acknowledge that the courses developed by Master Choa Kok Sui are copyrighted and are not to be reproduced in any way without his written approval.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PAYMENT and REGISTRATION DETAILS:**

**Fax or mail the completed form and payment to PHCD, 216 N. Woodland Blvd., DeLand, FL 32720**

Please make checks or money orders payable to: *Pranic Healing Centre of DeLand* Fax Number 386.736.6737

Cash Amount \$ \_\_\_\_\_ Check Amount \$ \_\_\_\_\_ Check No. \_\_\_\_\_

Discover \$ \_\_\_\_\_ MasterCard \$ \_\_\_\_\_ Visa \$ \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name (As it appears on your credit card) \_\_\_\_\_ Signature (For credit card payments only) \_\_\_\_\_