

Master Choa Kok Sui
PRANIC HEALING Level I Course
 DeLand, Florida

Course Date: August 21 & 22, 2010
 9:00 a.m.--6:00 p.m.
Course Location: Pranic Healing Centre of DeLand
 216 North Woodland Blvd.
 DeLand, FL 32720

Course Instructor: Duane Anderson, CAPH
Contact Information: 386.736.6737
E-mail: 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 Aug.14	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 386.736.6757

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) _____
