



Student Registration Form

April 1, 2 & 3, 2015 Classes with Master Marilag Mendoza

Venue: Love & Light

1145 Zonolite Rd, Suite 10, Atlanta, GA

Name: Mr./Ms./Mrs. _____ Birth date: _____

Address: _____ City: _____ State: _____ Zipcode: _____

Tel: Home _____ Work _____ Cell _____ E Mail: _____

How did you hear about Pranic Healing? _____ Referred by: _____

MCKS Crystal Pranic Healing **April 1, Fri: 6:30pm - 10:30pm** **April 2, Sat: All day**

Early Bird, before March 18, \$315 After March 15: \$350 At the Door: \$395

MCKS Psychic Self Defense **April 3, Sun: All day**

Early Bird, before March 18, \$315 After March 15: \$350 At the Door: \$395

Take both classes for \$595

Review: \$75 Early Bird, each

Review: \$100 Regular, each

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 history of contagious diseases or other illnesses? Yes No
If yes, please specify: _____

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

WAIVER:

I promise that I will not give, teach or divulge the techniques and teachings derived from the workshops to anyone. 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.

SIGNATURE: _____ DATE: _____

SUBMIT PAYMENT and REGISTRATION FORM: Mail to 2970 Appling Way, Atlanta, GA 30341, the completed form and payment to Ursula Lentine, or Paypal online at www.ursulalentine.com contact page and email registration form to ursulalentine@gmail.com 404 246 6853 .

Cash Amount \$ _____ Check Amount \$ _____ Check No. _____

Internal Use Only:
Balance Due:
\$ _____
PP: _____
PN: _____
Approved by: _____