

**ACHIEVING ONENESS WITH THE HIGHER SOUL  
& MANTRA AND MALA LECTURE  
STUDENT REGISTRATION FORM**

**Course Dates:** July 8 & 9, 2017  
SAT 9am – 6pm & SUN 9am – 4pm

**Course Instructors:**  
**Connie and Dr. Ken Williams**

**Course Location:** \_\_\_\_\_

Contact: Judy Yi  
470-333-APHC (2742)  
info@ATLPranicHealing.com

Name: Mr./Ms./Mrs. \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Please print clearly the name to be printed on certificate

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_

Tel: \_\_\_\_\_ Alternative Tel: \_\_\_\_\_ Email: \_\_\_\_\_

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

Taught Basic Pranic Healing by: \_\_\_\_\_

<b>WORKSHOP</b>	<b>Early Bird (by 6/17)</b>	<b>Regular</b>	<b>Day Of</b>	<b>Review</b>
<input type="checkbox"/> Achieving Oneness with the Higher Soul	<input type="checkbox"/> \$325	<input type="checkbox"/> \$350	<input type="checkbox"/> \$375	<input type="checkbox"/> \$75
<input type="checkbox"/> Mantra & Mala Lecture (Friday, July 7 at 7pm ) \$25				

**CONFIDENTIAL STUDENT DATA**

For your safety, please answer the following questions:

- |   |                                     |   |                             |
|---|-------------------------------------|---|-----------------------------|
| 1) Do you smoke?  | <input type="checkbox"/> Yes        | <input type="checkbox"/> Rarely         | <input type="checkbox"/> No |
| 2) Do you take drugs?   | <input type="checkbox"/> Yes        | <input type="checkbox"/> Rarely         | <input type="checkbox"/> No |
| 3) Do you drink alcoholic beverages?  | <input type="checkbox"/> Yes        | <input type="checkbox"/> Rarely         | <input type="checkbox"/> No |
| 4) What is your diet?   | <input type="checkbox"/> Vegetarian | <input type="checkbox"/> Non-Vegetarian |                             |
| 5) Have you been diagnosed or had history of contagious diseases or other illnesses?<br>If yes, please specify: _____ | <input type="checkbox"/> Yes        | <input type="checkbox"/> No             |                             |
| 6) Do you have history or present serious physical or psychological disorders?<br>If yes, please specify: _____       | <input type="checkbox"/> Yes        | <input type="checkbox"/> No             |                             |

**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 (please complete each space):**

**Email the completed form and payment to [info@ATLPranicHealing.com](mailto:info@ATLPranicHealing.com).** Please make checks or money orders payable to: Atlanta Pranic Healing Center. Mail to: 1955 Cliff Valley Way, Suite 215, Atlanta, GA 30329

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

Master Card \$ \_\_\_\_\_  Visa \$ \_\_\_\_\_  Amex \$ \_\_\_\_\_  Discover \$ \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ cv# \_\_\_\_\_  
Only provide last 4 digits of cc if already paid online

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

Internal Use Only:

Balance Due:  
\$ \_\_\_\_\_

PP: \_\_\_\_\_

PN: \_\_\_\_\_

Approved by: \_\_\_\_\_