

MCKS PRANIC HEALING WORKSHOPS  
**STUDENT REGISTRATION FORM**

**Level 1 - Basic Pranic Healing**     **Level 2 - Advanced Pranic Healing**     **Level 3 - Pranic Psychotherapy**

**Course Dates & Time:** \_\_\_\_\_

**Course Instructor(s):** \_\_\_\_\_

**Course Location:** 3125 Presidential Pkwy, Suite 327, Atlanta, GA 30340

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: \_\_\_\_\_

Reviewing or registering for a Higher Course? Please write the name of your Pranic Healing L1 Instructor: \_\_\_\_\_

Workshop	Early Bird (3 weeks Prior)	Regular	At the Door	Review
<input type="checkbox"/> <b>Basic Pranic Healing, L1</b>	<input type="checkbox"/> \$375	<input type="checkbox"/> \$400	<input type="checkbox"/> \$425	<input type="checkbox"/> \$75
<input type="checkbox"/> <b>Advanced Pranic Healing, L2</b>	<input type="checkbox"/> \$450	<input type="checkbox"/> \$500	<input type="checkbox"/> \$525	<input type="checkbox"/> \$100
<input type="checkbox"/> <b>Pranic Psychotherapy, L3</b>	<input type="checkbox"/> \$375	<input type="checkbox"/> \$400	<input type="checkbox"/> \$425	<input type="checkbox"/> \$75
<input type="checkbox"/> <b>3 Workshop Bundle Package    <input type="checkbox"/> \$1125 (savings up to \$250)</b>				

**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?  
If yes, please specify: \_\_\_\_\_  Yes     No
- 6) Do you have history or present serious physical or psychological disorders?  
If yes, please specify: \_\_\_\_\_  Yes     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: 3125 Presidential Pkwy, Suite 327, Atlanta, GA 30340

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: \_\_\_\_\_