## PSYCHIC SELF DEFENSE STUDENT REGISTRATION FORM

Courses Date: August 26 & 27

**Courses Instructor: Greg Toews** 

**Course Location** 

Contact: Judy Yi 470-333-APHC (2742) info@ATLPranicHealing.com 1955 Cliff Valley Way, Suite 215 Atlanta, GA 30329

## STUDENT REGISTRATION FORM

Workshops Date: Psychic Self Defense August 26 & 27 9am-5pm

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Address:		City:	State:2	ZipCode:	_
el:(Home)	(Work)	(Cell)En	nail:		_
ow did you hear about Pranic	Healing?	Ref	erred by		_
aught Basic Pranic Healing by	/:				
Tew Early bird 3 weeks Pr	rior \$325   After 3 weeks	\$350   At the Door: \$375			
eview \$75 each					
	CONFIDE	ENTIAL STUDENT DATA			
or your safety, please answ	er the following question	ns:	**	D 1	3.1
) Do you smoke?			Yes	Rarely	No
<ul><li>) Do you take drugs?</li><li>) Do you drink alcoholic</li></ul>	heverages?		Yes Yes	Rarely Rarely	No No
What is your diet?	ocverages:		Vegetarian	Non-Vegetarian	111
•	ed or had history of conta	igious diseases or other illnesses?	Yes	No No	
				_	
Do you have history or If yes, please specify	present serious physical o	or psychological disorders?	Yes	No	
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