

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**

Name: Mr./Ms./Mrs. _____ Birthdate: _____

Address: _____ City: _____ State: _____ ZipCode: _____

Tel:(Home) _____ (Work) _____ (Cell) _____ Email: _____

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

Taught Basic Pranic Healing by: _____

New Early bird 3 weeks Prior \$325 | After 3 weeks \$350 | At the Door: \$375

Review \$75 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?
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, mail to the above address, the completed form and payment to Atlanta Pranic Healing Center

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

Visa \$ _____

Credit Card #: _____ Exp. Date: _____ cv# _____

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

Internal Use Only:

Balance Due:
\$ _____

PP: _____

PN: _____

Approved by: _____