



Heart to Heart Healing

PO Box 19747, Portland, OR 97280
503-502-5186

Pranic Healing® Class Registration Form - Advanced / Level 2 Class

Workshop Dates: _____ 20____ Student Type: New Review

Name: _____
(PRINT NAME as you want to appear on the certificate)

Address: _____ City _____ State _____ Zip _____

Tel: (H) _____ (cell) _____ Occupation: _____

E-Mail: _____ Date of Birth ____ / ____ / ____

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

CONFIDENTIAL STUDENT DATA

For your safety, please answer the following questions:

- | | | | |
|--|-------------------------------------|---|-----------------------------|
| 1) Do you smoke (or have a history of smoking)? | <input type="checkbox"/> Yes | <input type="checkbox"/> Rarely | <input type="checkbox"/> No |
| 2) Do you take drugs (recreational or prescription)? | <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? | <input type="checkbox"/> Yes | <input type="checkbox"/> Suspect | <input type="checkbox"/> No |
| 6) Do you have history or present serious physical or psychological disorders? | <input type="checkbox"/> Yes | <input type="checkbox"/> Undiagnosed | <input type="checkbox"/> No |
| 7) Are you pregnant or any chance you could be pregnant? | <input type="checkbox"/> Yes | <input type="checkbox"/> Suspect | <input type="checkbox"/> No |

Please Specify:

I certify that the facts herein are true and correct. I understand that the Master Choa Kok Sui Courses, including the Pranic Healing® System are not intended to replace orthodox medicine or proper psychiatric care, but rather to complement and enhance them. If symptoms persist or are severe, I will consult a competent medical professional immediately. I understand that this course is intended to inform and educate only. No diagnosing, prescribing or curing is intended or implied. I also understand that the information presented is copyrighted, so **No Video or Audio Taping is Allowed**. In addition, no part of the information can be reproduced without express written permission from the Institute for Inner Studies, Inc.

SIGNATURE: _____ DATE: _____

Class Registration

_____ First time attendee	\$450	_____ Early Registration	\$425
_____ Repeat class*	\$ 50	_____ Date of original class	_____
		_____ Instructor for original class	_____

Enclosed Payment Information

Payment by Check (please make payable to "Heart to Heart Healing, LLC")
_____ deposit of \$100 and pay balance at the Door
_____ full payment (please enclose payment and mail with registration form)

*Repeat Class: please enclose copy of Level 2 certificate

Internal Use Only:
Balance Due:
\$ _____
CA: _____
CK#: _____
Initial: _____
Cert. issued: _____