



**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	\$475	] Date of Level 1 class _____
_____ Early Registration	\$450	] Instructor for Level 1 class _____
		<b>Please enclose copy of Level 1 certificate</b>
_____ Repeat class*	\$ 50	
_____ Date of original Level 2 class	_____	
_____ Instructor for original class	_____	
		<b>please enclose copy of Level 2 certificate</b>

#### 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*)

#### Continuing Education Certificate

\_\_\_\_\_ NCBTMB additional \$25