



## REIKI TRAINING REGISTRATION FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/Prov. \_\_\_\_\_ PC: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Training: \_\_\_\_\_

*Please provide me with a little information about yourself!*

Do you have any experience/training in the complementary medicine area?

Yes\_\_\_\_ No\_\_\_\_

What are your expectations for this training?

\_\_\_\_\_  
\_\_\_\_\_

On a separate sheet of paper, and in your own words, please tell me about yourself

Please drop off or send this information form with a payment to:

Attn: Violetta Grzesko  
White Rock Wellness Centre  
101/303 -1493 Johnston Road,  
White Rock, B.C., V4B 3Z4.

**\*Note: make cheque/bank draft/money order payable to Universal Healing Incorporated; You can also call 604-541-6110 and pay via credit card, you can drop in and pay via debit card, or you can go to [www.universalhealinginc.com](http://www.universalhealinginc.com) to upcoming events page and pay via paypal from the comfort of your home.**