



Pranic Healing Center of Central Florida

619 N. Thornton Ave., Orlando, FL 32803

Connie Williams, M. Ed., Senior Instructor
Dan Schmutz, M.S. Certified Instructor

Melissa Wilder, Organizer
813-765-0874



STUDENT REGISTRATION FORM

Workshop Dates: _____ 20__ Instructor: _____ NEW REVIEW

Name: Mr. / Ms. / Mrs.

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

Address: _____ City _____ State _____ Zip _____

Tel:(Home) _____ (Cell): _____ E-Mail: _____

Occupation: _____ Date of Birth ____/____/____

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

Course Taking (please circle): Basic Pranic Healing (\$325 / \$350) Advanced Pranic Healing (\$450 / \$500)

Pranic Psychotherapy (\$325 / 350) Other: _____

CONFIDENTIAL STUDENT DATA

For your safety, please answer the following questions (circle your answer):

- | | | | |
|--|------------|----------------|----|
| 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? | Yes | Suspect | No |
| 6) Do you have history or present serious physical or psychological disorders? | Yes | Undiagnosed | No |

Please Specify: _____

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 DETAILS:

Please make checks / money orders payable to: **Dan Schmutz**, P.O. Box 691332, Orlando, FL 32869
PayPal payments should be send to: **danyelsama@yahoo.com**

Cash Amount \$ _____ Check Amount \$ _____ Check# _____

Visa Mastercard Discover American Express \$ _____

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

Name: _____ Billing Zip Code: _____
(As it appears on your credit card) (For credit card payments only)

COMPLETED FORMS SHOULD BE EMAILED TO danyelsama@yahoo.com

Important: Upon arrival at the workshop, students must sign in to complete the registration process.