ACHIEVING ONENESS WITH THE HIGHER SOUL
& MANTRA AND MALA LECTURE
STUDENT REGISTRATION FORM

Course Dates: ___________________________ Course Instructors:
_______________________________________
Jully 8 & 9, 2017 Connie and Dr. Ken Williams
SAT 9am – 6pm & SUN 9am – 4pm

Contact: Judy Yi
470-333-APHC (2742)
info@ATLPranicHealing.com

Name: Mr./Ms./Mrs. ___________________________ Date of Birth: ___________________________

Address: __________________________________ City: __________________ State: __________ ZipCode: __________

Tel: __________________ Alternative Tel: __________ Email: __________________________

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

Taught Basic Pranic Healing by: __________________________

WORKSHOP Early Bird (by 6/17) Regular Day Of Review
☐ Achieving Oneness with the Higher Soul ☐ $325 ☐ $350 ☐ $375 ☐ $75
☐ Mantra & Mala Lecture (Friday, July 7 at 7pm ) ☐ $25

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? Yes No
   If yes, please specify: __________________________________________
6) Do you have history or present serious physical or psychological disorders? Yes No
   If yes, 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 and REGISTRATION DETAILS (please complete each space):
Email the completed form and payment to info@ATLPranicHealing.com. Please make checks or money orders payable to:
Atlanta Pranic Healing Center. Mail to: 1955 Cliff Valley Way, Suite 215, Atlanta, GA 30329

Cash Amount $ ______________ Check Amount $ ______________ Check No. ______________
Master Card $ ______________ Visa $ ______________ Amex $ ______________ Discover $ ______________
Credit Card #: __________________ Exp. Date: ________________ cv#
Only provide last 4 digits of cc if already paid online

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

Internal Use Only:
Balance Due: $ ______________
PP: ______________
PN: ______________
Approved by: ______________