

PRANIC HEALING

Application form for Pranic Healing Courses

Congratulations on your decision to complete (a) Pranic Healing course(s) with us.

Name: _____ Age: _____ Gender: M / F Occupation: _____

Residential Address: _____ Postal Address: _____

_____ Code: _____

_____ Code: _____ Tel (H): _____ Cell: _____

E-mail: _____

Courses	Dates
Basic	23 rd and 24 th May 2009
Achieving Oneness with the Higher Soul	28 and 29 th May (evenings 6 - 9)
Advanced	30 th and 31 st May 2009
Psychic Self Defence	4 th and 5 th June 2009 (evenings 6 -9)
Psychotherapy	6 th and 7 th June 2009
Crystal	-

Please complete the form indicating the course(s) you have already done and the course(s) you wish to do now.

Courses	Attended Y/N	on	Wish to attend now	Costs
Basic				R 2.000,00
Achieving Oneness with the Higher Soul				R 1.500,00
Advanced				R 2.000,00
Psychic Self Defence				R1.500,00
Psychotherapy				R 2.000,00

Deposit of 50% must be in our account on May 11th.

Please fax this form and your deposit slip to 021-671 2650 to ensure your seat. Full payment for courses must be made before registration on the first day of each course. Paid in full before 12th May: R200 discount per course.

Paid in full for package (Basic, Advanced and Psychotherapy) before 12th May: total cost R5200.

Paid in full for mini package (Advanced and Psychotherapy [only for Basic healers] before 12th May: total cost R3500.

Lay Buys are welcome. Booking closure is on 11th May 2009

For more information please contact Ellaine Tilley @ 021 674 7425

Payment can be made directly into our bank account:

Account name: Pranic Healing

Bank: FNB Bank

Branch code: 201509

Account no.: 62210146959

Please use surname and initials as reference.

Declaration:

I am participating in this Pranic Healing Course of my own free will. I declare that I am physically, emotionally and mentally able to participate. I release all instructors, organisers and assistants as well as the Pranic Healing Foundation from all damages whatsoever and waive all rights to my compensation due to injury. All proceedings will remain confidential.

Place: _____ Date: _____ Signature: _____