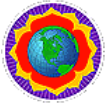


White Lotus Pranic Healing

1076 Elmira Rd, Newfield, NY 14867
(607) 793-1360



STUDENT REGISTRATION FORM

New Review

Workshop Dates: _____ 20____

Instructor(s): **Dennis Caso**

Name: Mr./Ms./Mrs. _____
(PRINT NAME as you want to appear on the certificate)

Address: _____ City _____ State _____ Zip _____

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

Occupation: _____ Date of Birth ____/____/____

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

Course Taking:

- Basic Pranic Healing (\$350) Advanced Pranic Healing (\$500) Pranic Psychotherapy (\$350)
 Psychic Self-Defense (\$350) Crystal Healing (\$350) Energetic Solutions (\$150)

CONFIDENTIAL STUDENT DATA

For your safety, please answer the following questions:

- | | | | |
|--|-------------------------------------|---|-----------------------------|
| 1) Do you smoke? | <input type="checkbox"/> Yes | <input type="checkbox"/> Rarely | <input type="checkbox"/> No |
| 2) Do you take drugs? | <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 |

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 or money orders payable to: White Lotus Pranic Healing

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

American Express \$ _____ Visa \$ _____ Mastercard \$ _____

Credit Card#: _____ Exp. Date: _____

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