



# White Lotus Pranic Healing

1076 Elmira Rd, New Field, NY  
(607) 425-0297

## STUDENT REGISTRATION FORM

New Review

Workshop Dates: \_\_\_\_\_ 20\_\_\_\_ Instructor(s): \_\_\_\_\_

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?   | 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 or money orders payable to: White Lotus Pranic Healing

Cash Amount \$ \_\_\_\_\_ Check Amount \$ \_\_\_\_\_ Check# \_\_\_\_\_

American Express \$ \_\_\_\_\_ Visa \$ \_\_\_\_\_ Mastercard \$ \_\_\_\_\_

Credit Card#: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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

### Internal Use Only:

Balance Due:  
\$ \_\_\_\_\_

PP: \_\_\_\_\_

PN: \_\_\_\_\_

Initial: \_\_\_\_\_

Cert. issued: \_\_\_\_\_

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