ANIMAL REIKI REGISTRATION FORM

Please return with payment

**Please PRINT CLEARLY:**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

With my signature I agree that I am solely responsible for participation as well as journeying to and from the workshop mentioned below. I agree that the organizer and the facilitator are not liable in any way.

I understand that no medical diagnosis or treatment will be administered in this workshop. No medical therapy will be undertaken or proposed. In case that I am, or was undergoing psychiatric treatment, or if I am seriously ill, I will talk to the participation of the workshop over with my physician prior to enrolling.

Healing With Spirit asks that the workshop curriculum, the Reiki symbols and Mantras/Kotodama, the workshop materials and documents are not shared with others, or published in any form. Only teachers certified are permitted to teach Animal Reiki. And no recording at the seminar of teachings-including laptop, photo, video, or audio.

**Workshop Venue:** Healing With Spirit, 256 Hull St. Hingham, MA 02043 857-880-0365

**Jikiden Reiki® Instructor:** Laura Joseph, Jikiden Reiki® Shihan, Usui Reiki Master Teacher, Healing With Spirit, 256 Hull St., Hingham, MA USA (857) 880-0365 [www.laurahealingwithspirit.com](http://www.laurahealingwithspirit.com)

\_\_\_\_\_\_ (Please initial) I agree with the rules and regulations.

**Student Status:** □ New □ Review

**Attending (Check one):**

□ Animal Reiki March 3rd – 9:30am-6pm

**Tuition (Check one)**:

□ **$175**

□ $111 For those already certified in Reiki *(must include a copy of most recent certificate)*

□ \_\_\_\_\_\_\_\_\_\_\_\_ Please initial acknowledging that all Deposits are NON-REFUNDABLE/NON-TRANSFERABLE

□ \_\_\_\_\_\_\_\_\_\_\_\_ Please initial acknowledging that tuition balance is due 7 days prior to seminar.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount enclosed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Make check/money order *payable to***:

Laura Joseph

***Mail*** check/Money Order to:

Cohasset Medical

Att: Laura

256 Hull St.

Hingham, MA 02043