JIKIDEN REIKI SEMINAR 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.

The Jikiden Reiki® Institute asks that the workshop curriculum, the Reiki symbols and Mantras/Kotodama, the workshop materials and documents are not shared with others (who have not taken Jikiden Reiki® training), or published in any form. Only teachers certified by the Jikiden Reiki® Institute, Kyoto, Japan, are permitted to teach Jikiden 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 USA (857) 880-0365 [www.laurahealingwithspirit.com](http://www.laurahealingwithspirit.com)

**Jikiden Reiki® Instructor:** Laura Joseph, Shihan in Jikiden Reiki

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

**Student Status:** □ New □ Review

**Attending (Check one):**

**SHODEN (Level I)**, Fri 7-9:30pm, Sat/Sun 9:30am-6pm

□ May 4th-6th

**Okuden (Level II)**, Fri 7-9:30pm, Sat 9:30am-6pm

□ May 11-12th

**Tuition (Check one)**:

□ **SHODEN** $350 ($150 required)

□ SHODEN REVIEW $150 (must have passbook, $75 deposit required)

□ **OKUDEN:** $450 ($200 deposit required)

□ OKUDEN REVIEW: $150 (must have passbook, $50 deposit required)

□ \_\_\_\_\_\_\_\_\_\_\_\_ 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