

REGISTRATION FORM

Reiki 1 Weekend Workshop
11-12 November 2017 - Melbourne

Name:

Address:

Postcode:

Mobile:

Email:

Are you currently a Practitioner (please describe):

How would you like to use Reiki?

Would you like to use Reiki with others?

If so, tell us about your target audience?

PAYMENT DETAILS

A deposit of \$250 is required to secure your course placement

Participant Name:	
I would like to pay: <input type="checkbox"/> Payment in Full \$450 <input type="checkbox"/> <i>Deposit \$250 (non-refundable)</i> <input type="checkbox"/> <i>Balance \$200</i>	
I would like to pay by <input type="checkbox"/> CREDIT CARD	Name on Card: Card Number: Expiry Date: CVV:
I would like to pay by <input type="checkbox"/> DIRECT DEBIT	Details: ANZ K. Wigley 013587 380298047 Date paid: Receipt Number: Please advise when payment made
I would like to pay by <input type="checkbox"/> CASH	Please contact Keren 0409 706727 to arrange
<u>Office Use</u>	
Date received:	Amt: BAL:
Balance owing:	Amt: DATE PD: