

CENTRE FOR EXTRAORDINARY LIVING

Dr. Fränzi Ng

Reiki Master & Teacher

Application Form Traditional Japanese Reiki

Full Name: Occupation:

Street: City:

Postal Code: Province: Fax:

Telephone: Email:

Date: Investment: \$..... Degree of Reiki:

Why would you like to learn Reiki:

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How do you plan to use Reiki:

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.....

Please, print the name you wish to have on your certificate, including any titles (e.g. Andrew W. Miller, M.A.) Please, print clearly, thank you!

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Please, return this form, together with your payment at least two weeks before the training. Please make your check out to "Franzi Ng". Thank you!

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Thought Field Therapy – Reiki – Matrix Energetics