



Open Heart Workshop Registration

© Padmacahaya, International Institute for Inner Study

Date _____

Name _____

Address _____

Home Phone _____ Cell Phone _____

E-Mail (please print clearly) _____

Please indicate which Workshop(s) you are registering for and whether this is your first Workshop or if you are repeating. You may only register for OH5 and/or OH6.

<u>Level 1</u>	First Time	Repeat	<u>Level 2</u>	First Time	Repeat
<u>Level 3</u>	First Time	Repeat	<u>Level 4</u>	First Time	Repeat
<u>Level 5</u>	<input type="checkbox"/> First Time	<input type="checkbox"/> Repeat	<u>Level 6</u>	<input type="checkbox"/> First Time	<input type="checkbox"/> Repeat

(Repeaters: Please include the following information)

__ OHW1 (date:Instructor:)	__ OHW2 (date:Instructor:)
__ OHW3 (date:Instructor:)	__ OHW4 (date:Instructor:)
__ OHW5 (date:Instructor:)	__ OHW6 (date:Instructor:)

Would you like to be contacted regarding future Open Heart Workshops? Yes No

Are you a Reiki Tummo Alumni? Yes No

Would you like to be contacted regarding future Reiki Tummo workshops? yes No

Release Consent

Upon taking the above workshops (checked) with PADMACAHAYA International Institute for Inner Study:
I understand and agree to the following:

The workshops, their procedures, techniques, shown, used, discussed and/or demonstrated are for educational purposes only. No part of these workshops is presented either directly or indirectly as a diagnosis or prescription for any health problems. Persons with health problems should continue to seek appropriate professional help with qualified members of the medical profession. Persons using the text procedures and practices do so for educational purposes only.

Student's Signature: _____ Date: _____

