



WORKSHOPS' PARTICIPANT REGISTRATION FORM

(Please fill in using CAPITAL LETTERS)

PARTICIPANT FULL NAME:						
NAME & TITLE AS YOU WISH IT TO APPEAR ON THE CERTIFICATE :						
HOME / MAIL ADDRESS:						
DATE & PLACE OF BIRTH:						
PHONE NUMBER (H/O):						
CELLULER/MOBILE PHONE NUMBER:						
FAX NUMBER:						
E-MAIL ADDRESS:						
PROFFESION /OCCUPATION:						
<u>WORKSHOPS & DATES (please tick all that apply)</u> <table><tr><td><input type="checkbox"/> REIKI TUMMO 1 (date: _____)</td><td><input type="checkbox"/> KUNDALINI (date: _____)</td></tr><tr><td><input type="checkbox"/> REIKI TUMMO 2 (date: _____)</td><td><input type="checkbox"/> MEDITATION (date: _____)</td></tr><tr><td><input type="checkbox"/> REIKI TUMMO 3A (date: _____)</td><td><input type="checkbox"/> INNER HEART (date: _____)</td></tr></table>	<input type="checkbox"/> REIKI TUMMO 1 (date: _____)	<input type="checkbox"/> KUNDALINI (date: _____)	<input type="checkbox"/> REIKI TUMMO 2 (date: _____)	<input type="checkbox"/> MEDITATION (date: _____)	<input type="checkbox"/> REIKI TUMMO 3A (date: _____)	<input type="checkbox"/> INNER HEART (date: _____)
<input type="checkbox"/> REIKI TUMMO 1 (date: _____)	<input type="checkbox"/> KUNDALINI (date: _____)					
<input type="checkbox"/> REIKI TUMMO 2 (date: _____)	<input type="checkbox"/> MEDITATION (date: _____)					
<input type="checkbox"/> REIKI TUMMO 3A (date: _____)	<input type="checkbox"/> INNER HEART (date: _____)					
MEDICAL HISTORY : <i>CURRENT AILMENTS & MEDICATIONS :</i> <i>PREVIOUS AILMENTS:</i>						
ORGANIZATION(S) IN WHICH YOU ARE A MEMBER & PREVIOUS ENERGY WORK/TRAINING:						
I consent that Padmacahaya Singapore and its partner organisations can contact me for future Padmacahaya and partner organizations events and activities via (Please tick)*: <table><tr><td><input type="checkbox"/> Email</td><td><input type="checkbox"/> Call</td><td><input type="checkbox"/> Text message</td></tr></table> <table><tr><td>_____ Signature</td><td>_____ Date</td></tr></table>	<input type="checkbox"/> Email	<input type="checkbox"/> Call	<input type="checkbox"/> Text message	_____ Signature	_____ Date	
<input type="checkbox"/> Email	<input type="checkbox"/> Call	<input type="checkbox"/> Text message				
_____ Signature	_____ Date					

A non-refundable deposit fee of \$50 should be paid when submitting registration to cover cost of registration, venue rental/usage and refreshment/food preparation for workshops.

*All efforts will be taken to minimise unrelated communication. I can opt out of the various forms of contacts by informing Padmacahaya Singapore and its partner organisations