

# Reiki I Self-Healing Mastery Workshop

## Registration Form

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. \_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip: \_\_\_\_\_

Phone: (M) \_\_\_\_\_ (W) \_\_\_\_\_

Email: \_\_\_\_\_

Select your payment type: Cash      Check      Credit Card      Online

How did you hear about Mika/this Program? \_\_\_\_\_

Have you received Reiki before? Explain your experience of receiving Reiki.

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Why are you interested in learning Reiki?

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Is there any specific conditions/symptoms for which you would like to apply Reiki? Please be specific. (e.g., immune system, digestion, headache, anxiety, depression, cancer, etc.)

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Please check any if interested.

Healing

Acupuncture

Herbs

Qi Gong

Reiki – Energy Healing

Nutrition

Chanting

Feng Shui

Spiritual counseling

Stress management

Yoga

Others ( \_\_\_\_\_ )