

Akashic Field Therapy Training Registration Form

Personal Information	
Name:	
Nickname:	
Home address:	
City:	
Zip:	
Home phone:	
Cell phone:	
Email address:	
Website (if applicable):	
Training Location:	Kansas City
Dates:	April 19 & 20, 2008
Deposit:	\$ 150.00
Full Fees:	\$ 395.00
Background	
Other Training (if applicable):	
Other Training (if applicable):	
Other Training (if applicable):	
So I can serve you best: What do you hope to get out of the training?	
Will you be using the method for yourself & family, clients or both.	
Do you have experience dowsing with a pendulum?	
How do you plan to pay for the deposit and training, mark one.	<input type="checkbox"/> Pay deposit first and balance later with check <input type="checkbox"/> Pay full fee with check <input type="checkbox"/> Pay deposit first and balance later with credit card <input type="checkbox"/> Pay full fee with credit card <i>(full fees must be received by March 19, 2008)</i>
Credit Card Name:	
Card Number:	
Expiration Date:	
CVV2 Number:	
Billing Zip Code:	
Amount to Charge:	
Signature:	
Fax or Mail to:	Fax 816-841-5095-Address: PO Box 142, Greenwood, MO 64034