



Shelly Howley
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CERTIFIED REIKI TRAINING COURSES REGISTRATION FORM

Date of Registration _____ Referred by _____

Name _____ Male ___ Female ___ Birth Date _____

Email _____

Mailing Address _____ City _____

State _____ Zip _____

Home Phone (_____) _____ Occupation _____

Do you have any prior training in Reiki? ___ Yes ___ No

If Yes, Please list prior Reiki training and/or certifications:

Have you ever experienced a Reiki treatment? ___ Yes ___ No

If Yes, Please describe your Reiki Experience:

Please specify the Certified Reiki Training Course Class you are registering for, by checking the appropriate line below:

___ Reiki I & II Class - Cost: \$350.00 - With a \$100.00 (Non-refundable) Pre-Registration Deposit Required.

___ Reiki Advanced Class - Cost: \$225.00 - With a \$100.00 (Non-refundable) Pre-Registration Deposit Required.

___ Reiki Master Class - Cost \$650.00 - With a \$250.00 (Non-refundable) Pre-Registration Deposit Required.

Please specify the Reiki Class Date(s) you are registering for if joining an existing workshop: _____

Please specify by PRINTING the exact name to be shown on Class Certificate:

Please circle which form of Reiki you would like to spend a majority of time learning:



Animal People

CLASS REGISTRATION INFORMATION:

To reserve class attendance space, a class specified (non-refundable) pre-registration deposit is required. The specified Class Pre-Registration Deposit and completed Class Registration Form may be mailed to 2437 Dublin Drive Maryville, TN 37803. All class fees and deposits are made payable to: Shelly Howley. All class fees must be paid prior to scheduled class date, or at beginning of class. Cash or Checks are accepted for class fees and deposits. There is a \$40.00 fee for any returned checks due within 30 days of the check being returned.

CLASS PAYMENT INFORMATION:

Pre-Registration Deposit Amount Due: \$ _____ Amount Paid: \$ _____

Payment By: Cash _____ Check _____

Class Cost Balance Amount Due \$ _____

Balance of Class Cost to be Paid By: Cash _____ Check _____

By signing this form you are agreeing to the terms of this contract and the non-refundable deposits. All checks will be cashed within 30 business days upon receipt. No post dated checks are accepted and checks will not be held upon request unless a pre agreement is reached between both parties.

Signature _____

Today's Date: _____