

# Reiki II Training Program

## Registration Form

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

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

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

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

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

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

When did you receive Reiki I attunement? And from who?

\_\_\_\_\_

Explain your experience in receiving/giving Reiki.

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- 

What is your goal in this training program?

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