Reiki III 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	Reiki – Energy Healing	Spiritual counseling
Acupuncture	Nutrition	Stress management
Herbs	Chanting	Yoga
Qi Gong	Feng Shui	Others ( )