## Gentle Dove Reiki

Phone: 267-416-6005 (call or text to this number) email: info@gentledovereiki.com

## **IET® Class Registration Form**

Please mail this completed and signed form

Name:			
Address:			
City:	State:	ZIP:	
Email:	(required) Phone:(required)		
Date of Birth: (r	required) Payment w	ith Registration \$	
Payment Type: Check n	no[ ] Paypal[ ]	*Credit/Debit Card [ ]	
*Acct#	Expi	ration/ Securi	ty Code
For the following Classes:			
IET ®(Integrated Energy Therapy®	<b>)</b> : (Select class level)		
Basic Level ( ) Intermediate London  Date of class/es:	` ,	)	
Lic. Massage Therapist only -	NCBTMB CE Credits requ	uested Yes [ ] No [ ]	
*Please note other than Basic level (IET) will require Registration Form unless these classes were taken w		rtifications for the prior level (	(attach to this
If you have any questions about our policy please co	ntact us at info@gentledovere	eiki.com or call 267-416-6005	
If you have made your payment online, you payable to Linda L Groman in the amount class and mail to Gentle Dove Reiki, P.O. Educations are September 15 <sup>th</sup> , 2017 (as list registrations must be approved by Linda Gentle Dove Reiki, P.O. Educations must be approved by Linda Gentle Dove Reiki, P.O. Educations must be approved by Linda Gentle Dove Reiki, P.O. Educations must be approved by Linda Gentle Dove Reiki, P.O. Educations must be approved by Linda Gentle Dove Reiki, P.O. Education Reiki, P.O. Educa	of the class fee(s) or a minin Box 212, Schwenksville, PA 19 Sted on our website <u>www.gen</u>	num non-refundable deposit 9473-0212. Please note all re tledovereiki.com). Any and	of \$75.00 per gistration d all late
You will receive a confirmation email who	en you have been successfully	y registered for the class/es.	
I hereby request to be registered for the above in non-refundable if I choose not to attend this clawithin 5 business days after your notice of cancillations.	iss once registered. Any payment	s made over and above the \$25.0	00 will be refunded
Signed by:	Date		