



Reiki Registration Form
Course: **Reiki Level II - Okuden**

Location: **Crystal Reiki Wellness, 8 Parkridge Road, Wayland MA**

Course Date: _____

Contact Information

Name: _____

Name as you would like it on your certificate:

Address: _____

City/State/Zipcode: _____

Day Phone: _____ Evening Phone: _____

Email Address: _____

Payment Method

Course cost is \$265.00, \$245.00 if you previously took Level One with me for class, \$365.00 for Individual Level II training, or \$325.00 if you took level one with me previously. A \$50.00 registration deposit is due with this form, with the balance due at first class date. Cancellations made less than three (3) days from the date of class are non-refundable. Make checks payable to: Deborah Strafuss. Please note there will be a \$20.00 fee for checks returned for non-sufficient funds.

Circle One: Visa Mastercard American Express

Card number: _____

Expiration Date: _____ CVC # _____

Check # _____ enclosed.

Amount: _____

Your place in class will be reserved upon receipt of your registration and \$50.00 fee.

*Please mail to: Deborah Strafuss, 8 Parkridge Road, Wayland MA 01778
Or email me at: HealingHands@CrystalReikiEnergy.com*