



**REIKI HEALING ARTS PROGRAM
REGISTRATION FORM: REIKI I & II**

15 West 39th Street 3rd Floor
New York NY 10018
(212) 337-3017
HolisticStudies.com

NAME: _____ Today's date: _____

ADDRESS: _____

E-MAIL ADDRESS: _____

CELL PHONE #: _____ HOME #: _____

CREDIT CARD #: _____ EXP. DATE: _____

SECURITY CODE: _____ BILLING ZIP CODE: _____

I am registering for:		Course date:
<input type="checkbox"/> Level 1 only	\$175	_____
<input type="checkbox"/> Level 2 only	\$175	_____
<input type="checkbox"/> Level 1& 2 (Practitioner Certification Course)	\$350	_____

Are you a transfer student? Yes No

FOR TRANSFER STUDENTS: YOUR PREVIOUS EDUCATION

NAME OF SCHOOL & TEACHER: _____

ADDRESS: _____

E-MAIL ADDRESS: _____

PHONE: _____

LEVEL COMPLETED: _____ DATE COMPLETED: _____

ALL APPLICANTS: PLEASE BE SURE TO INCLUDE:

- Completed application
- Relevant documents if you are a transfer student
- Check made out to: **Holistic Studies Institute** if you are sending a check

PLEASE SUBMIT ABOVE VIA POSTAL MAIL, E-MAIL OR FAX:

MAILING ADDRESS: HOLISTIC STUDIES INSTITUTE
125 Wolf Rd., Suite 503-6 Albany, NY 12205
FAX: (212) 645-0282
EMAIL: HSIReikiNYC@aol.com