

CLARIFY. CREATE. RECEIVE.



MAGNIFICENT LIVING INSTITUTE

co-creative healing, counseling, consulting and trainings



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Founder and Director

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REGISTRATION FORM

Name _____ Work Phone _____

Cell Phone _____ Home Phone _____

Address _____ City _____

State _____ Zip _____ Email _____

_____ Please register me for the **Practitioner of Energetic Arts Program**. I will attend all ten trainings and practicums. My deposit of \$200 is enclosed. Payment for each month thereafter is due on the first of the month.

Please register me for the individual classes only. I am a new student.

_____ Reiki I \$200 _____ Reiki II \$200

_____ Reiki Advanced \$200 _____ Reiki Master Practitioner \$200

I am a reviewing student wishing to audit. Register me for the following:

_____ Reiki I \$150 _____ Reiki II \$150

_____ Reiki Advanced \$150 _____ Reiki Master Practitioner \$150

I am a new student. Please register me for the following:

_____ Universal Lattice Workshop \$200

_____ EMF Session I: Balance Mind and Heart \$200

_____ EMF Session II: Transmute History \$200

_____ EMF Session III: Radiate Core Energy \$200

_____ EMF Session IV: Activate Potential \$200

_____ EMF Combo/Intuitive Session \$200

I am a reviewing student wishing to audit. Please register me for the following:

_____ Universal Calibration Lattice Workshop \$150

_____ EMF Session I: Balance Mind and Heart \$150

_____ EMF Session II: Transmute History \$150

_____ EMF Session III: Radiate Core Energy \$150

_____ EMF Session IV: Activate Potential \$150

Please indicate date(s) you would like to review and dates of your original training:

_____ Deposit of \$100 is enclosed. _____ Full fee of \$200 is enclosed.

_____ Please charge my _____ Visa _____ MasterCard (3% fee added to your bill.)

Name on Card _____ Signature _____

Card Number _____ Expires _____

3-Digit Security Code on Back of Card _____

Registration must be received no later than 10 days before the class date. Send registration form and payment to: **Mary Preuss Olson, The Magnificent Living Institute , 715 Hill Street, Suite 270 Madison, WI 53705.**

Thank you! I look forward to co-creating wonderful things with you!