

Registration-Form for SEMINARS with BRIGITTE MÜLLER

(Please, print out this form and send it via FAX or Mail)



Yes, i definetly register for:

REIKI – Seminar

REIKI 1.Degree

REIKI 2.Degree

REIKI – Seminar PRAXIS

“Healing-Day”

“Holiday-Week”

Seminar

„Lightbody-Concioussness“

Date _____

Place _____ .

Yes, i want to organize a

_____ - Seminar

in my hometown _____ . Please, inform me.

(Please, mark the matching fields).

I am responsible for myself, throughout the seminars AND on my way to and from the seminars.

Name (in Printletters)

Adress

Phone (incl. Country-/ZIP-Code)

E-mail Adress

Date and Signature