



**KHADRO SCHOOL OF CHI NEI TSANG**

REGISTRATION FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code: \_\_\_\_\_

Day Ph. #: \_\_\_\_\_ Night Ph # \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Emergency Contact Person & Ph.# \_\_\_\_\_

Other trainings/certification you have taken:  
\_\_\_\_\_

Health Concerns: \_\_\_\_\_

Please indicate with an "x" the classes you wish to attend.

|  | <u><b>Total Cost</b></u> | <u><b>Deposit</b></u> | <u><b>Balance</b></u> |
|--|--------------------------|-----------------------|-----------------------|
| Inner Smile, Six Healing Sounds & Microcosmic Orbit Meditation | _____                    | _____                 | _____                 |
| Healing Love   | _____                    | _____                 | _____                 |
| <b>TOTAL</b>   | _____                    | _____                 | _____                 |

**Registration & Methods of Payment:** A non-refundable \$50.00 deposit is required for each class by April 15, 2011 upon registration. The balance is due on the morning of the first class. Please make your cheque or money order to Dorothy Ramien and you may leave your completed registration form with your deposit at the reception at MMY or mail them to Dorothy Ramien 65 Coe Hill Dr., Toronto, ON M6S 3E2.

**NOTE: About the deposit** although the deposit is non-refundable, there will be a partial credit towards future classes. THANK YOU.