

Class Registration Form for ThetaHealing Classes

FUNDS PROVIDED VIA USPS (CHECK / MONEY ORDER) OR VIA PAYPAL

IN THE AMOUNT OF \$.00, REPRESENTING: DEPOSIT / FULL PAYMENT

FOR: BASIC-DNA (DATE: / /) / ADVANCED (DATE: / /)

YOUR CURRENT INFORMATION:

FIRST NAME: _____ LAST NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: () _____ E-MAIL: _____

TO REGISTER FOR CLASSES (VIA EITHER USPS OR ELECTRONICALLY),

SIMPLY COMPLETE & FORWARD THIS FORM / INFORMATION TO

VERONICA ROSE, C/O:

HEALING HEARTS, 422 LARKFIELD, #393, SANTA ROSA, CA 95403

PHONE (707) 568-0767 / E-MAIL: HEALEDHEART@GMAIL.COM