

## CLASS REGISTRATION FORM

Please complete the following information and return this form to:

Margaret Self, Reiki Master  
Carolina Reiki Institute, Inc.  
112 Wexwood Ct.  
Columbia, SC 29210

Please attach your check made payable to Carolina Reiki Institute, Inc. to this form and mail to the address above.

All class sizes will be limited in order to provide maximum benefit to the attendees, so please register early.

Refund Policy: No refunds will be made on “no shows”. Fees may be applied to future class if registrant gives 24 hours notice. If class is canceled by Carolina Reiki Institute, Inc., full refund will be made.

Name: \_\_\_\_\_  
Print Your Name As You Want It On Your Certificate

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

Phone #: (h) \_\_\_\_\_ (w) \_\_\_\_\_

e-mail: \_\_\_\_\_

Name of class: \_\_\_\_\_

Date of class: \_\_\_\_\_

Fee attached: \$ \_\_\_\_\_

For further information, call (803) 551-1191 or e-mail  
[MSelf@CarolinaReikiInstitute.com](mailto:MSelf@CarolinaReikiInstitute.com)