

2019 WORKSHOP AND COURSE REGISTRATION FORM

Workshops/Courses/Programs:

Indicate (D)istant OR (C)lassroom

* Means Classroom setting only	Cost+HST / Person	Classroom	Distant
Aromatherapy for Reflexologists	\$397.00		
Tibetan Vita Flex *	\$397.00		
Geothermal Stone Therapy *	\$797.00		
Stress Buster Massage *	\$297.00		
Aromatherapy Massage for Practitioners *	\$997.00		
Lymphatic Drainage Treatment *	\$397.00		
Ear Candling for the Practitioner	\$397.00		
Creating Natural Botanical Products 1/2 Day*	\$127.00		
Creating Natural Botanical Products Full Day*	\$227.00		
Facials for the Practitioner *	\$397.00		
First Aid with Aromatherapy	\$297.00		
Aromatherapy from A-Z	\$297.00		
Aromatherapy and Pregnancy	\$397.00		
Aromatherapy in Geriatric & Palliative Care	\$397.00		
Aromatic Sciences Program Distant Learning - If paying by individual module	\$2991.00		
Aromatic Sciences Program Distant Learning - If paying in 1 total payment	\$2331.00		
Creating Light from Shadows	\$127.00		
Meditation and Chakra Balancing Techniques	\$127.00		
Reiki For Kids (First Degree)Simplified *	\$127.00		
Reiki for Animals *	\$227.00		
Reiki First Degree *	\$227.00		
Reiki Second Degree *	\$397.00		
Reiki Master Third Degree *	\$697.00		
Reiki Master Fourth Degree *	\$297.00		
Reiki Master Fifth Degree *	\$297.00		

Essential Therapies

Reiki Master Sixth Degree *	\$267.00		
Reiki Master Seventh Degree *	\$267.00		
Reiki Master Teacher One *	\$697.00		
Reiki Master Teacher Two *	\$397.00		
		Subtotal	
An \$18.00 Shipping Charge will apply for all Distant Learning packages		Shipping	
# 872069117RT0001		HST	
		Total	

****Please fill out the following, scan and send both pages to:
essentialtherapies@rogers.com.**

All in-class workshops/courses/programs must be paid in full no less than 10 days prior to the starting date, unless registration has been made within a week of the course/workshop date.
For distant learning options, full payment must be received prior to any course materials being shipped.

Date: _____ Name: _____

Ph.# _____ Email Address: _____

Full Address: _____

Payment Methods:

1/ E-transfer : Please send to Gayle Russell at essentialtherapies@rogers.com

Please make your security question: What am I studying

Your answer is the name of your course/workshop/program, all in lower case.

2/ Check one: MC ___ VISA___ (Please fill in information below)

Credit Card # _____ Exp. Date: _____ CV Code: _____

Signature for Credit Card Authorization: (Card holder only)
