

Acutonics® VII: Harmonic Pathology



Class date: _____

Instructor: Maren Good, CMT

Tuition: \$450.00 (\$100.00 deposit due 2 weeks before start of class.)

Name: _____

Address: _____

Phone: _____ Email: _____ Fax: _____

(Please PRINT Clearly. Thank you.)

An emergency contact: _____

Name: _____ Phone Number(s): _____

Payment due:

Payment Method: Visa Mastercard Check

Credit Card Number: _____ Exp. date: _____ 3 digit Code: _____

Name as it appears on card: _____ Address card is billed to: _____

Signature of card holder: _____

How did you hear about Acutonics®?

I have a basic Earth/Moon set: Yes No

Please tell us a little about your experience - professionally and/or personally - which led to your interest in learning about Acutonics and Sound Healing Methods?

Are there any health concerns, or physical limitations for you that we need to be aware of?

The Kairos Institute of Sound Healing, LLC, and the instructors reserve the right to dismiss a student from the course, without refund of tuition, should the student demonstrate unsatisfactory conduct. By registering for this class, I am agreeing to abide by the Kairos Institute of Sound Healing's classroom requirements to behave in a professional and ethical manner, and to respect the privacy, dignity and sensitivity of everyone in the class. I also acknowledge that this work is deeply transformational and that being present and mindful of the energetics of the group is the responsibility of everyone participating in this class. I certify that I am in generally good health and am capable of participating in the Acutonics Training Course, and that the information I have given is true and factual.

Signature: _____

Please mail our registration form to:
Maren Good
Good Scents, Inc.
10 Brandywine Ct.
Scotch Plains, NJ 07076

Cancellation Policy: A non-refundable deposit of \$100 will be charged in the event of cancellation.
If the class is cancelled by the Institute or instructor a full refund is given to the registrant.