

Registration Form
Acutonics® Level IV
Advanced Harmonic Applications
October 22-24, 2010

Personal Information

Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Emergency Contact:

Name: _____ Phone Number/s _____

acutonics®

1. How did you hear about the Acutonics system?

2. Please tell us a little about your experience - professionally and/or personally - which led to your interest in healing with sound and the Acutonics system?

3. Acutonics core courses, Levels I - IX, involve intensive “hands on” experience. Are there any health concerns of which we should be aware?

Amount Enclosed _____ Make checks payable to: **Tuneintuit**

Check Visa MasterCard

For Credit Card Payments use Paypal through my website: www.tuneintuit.com and use the treatments link.

For Checks please send payments to: PO Box 1977, Port Townsend, WA 98368

I understand that there is a Tuition refund Policy in place should I have to cancel my enrollment:

- If I cancel my enrollment in the class more than five (5) weeks prior to first day of Class, I will receive a full tuition refund minus a non-refundable processing fee of \$50.00 US.
- If I cancel my enrollment more than seven (7) days, but less than five (5) weeks, prior to first day of said Class, I will receive a refund of 65% of paid tuition costs.
- If I cancel my enrollment less than seven (7) days prior to the first day of class I will be refunded no more than 35% and the actual amount is at Instructor’s discretion.

I agree to be contacted by my instructor(s) or the Kairos Institute of Sound Healing, LLC, by telephone, mail, or electronic mail to keep me informed about areas of interest relation to Acutonics.

Signature: _____ Date: _____