



ThetaHealing Registration Form

February 2010

THETAHEALING

select your seminar(s) or event

- ThetaHealingDay February 13th, 2010**
Registration fee: \$ 17.00 USD
- ThetaHealing™ Soul Mate February 14th, 2010**
Registration fee (deposit): \$ 90.00 USD (non refundable)
- Basic ThetaHealing™ Teachers February 16th- 19th 2010**
Registration fee (deposit): \$ 250.00 USD (non refundable)
- Advanced ThetaHealing™ Teachers February 20th - 21st, 2010**
Registration fee (deposit): \$ 200 USD (non refundable)

First and Last Name _____

Address _____

City _____ Zip Code _____

Country _____

Phone Number _____

E mail _____

Fax Number _____

Registration Rules

1. The Registration fee includes only the participation to the seminar(s)
2. The registration will be confirmed only if this module is correctly filled out, signed and only after My Life LLC will receive the payment
3. My Life LLC reserves the right to accept or deny the registration to the seminar(s)
4. The participation is allowed only after My Life LLC will give its confirmation

I want to sign up!

I pay \$ _____ using:

VISA 

MASTERCARD 

OTHER Credit Card(s) (and I fill in the module below)

Cheque addressed to My Life LLC

Cash

Bank transfer addressed to My Life LLC, Bank of America

Bank of America's SWIFT Code number is BOFAUS3N

Name Account: My Life LLC, Acc 501005586808

Routing numbers; 122400724 (paper & electronic)

026009593 (wires); Routing # wire transfer 026009593

Bank address: 641 Mall Ring Cir, 702.654.3100 (Customer Service)

Henderson, NV, USA **Please include ThetaHealing Seminar(s)**

First and Last Name (for credit cards):

You can withdraw \$ USD _____

From my credit card   OTHER

Expiration date ____/____

Code CVV * _____ (three numbers)

Date _____ Signature _____
(Credit Card Owner)

The CVV Code for Visa or MasterCard credit cards is printed on the back of the card, above the signature, and refers to the last three numbers

My Life LLC informs that these data will be highly protected and registered exclusively in its database, and not supplied to any third parties. In any moment, you could ask for their confirmation, updating, check or cancellation.

Date _____

Signature

Please send this form via fax at +1 702 537 8882

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