



Jason Betts Buddho Reiki Seminars



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BOOKING FORM - indicate (X)

() **REIKI 1** () **HOBART** () **LAUNCESTON** () **DEVONPORT**

PHONE:

Dr Jason on 03 6249 8484 to confirm your place(s), within 9am-9pm;

OR EMAIL:

Fill in your payment details and email to: 2022@emeraldalchemy.com

& DEPOSIT:

BSB 067102 • ACT 10239868 • DETAIL your first name and last name.

CERTIFICATE NAME:

STREET ADDRESS:

SUBURB/TOWN:

POSTCODE:

PHONE:

EMAIL:

AMT\$:

\$ _____ () Once () Monthly, until paid

VISA/MASTERCARD:

_____/_____/_____/_____/_____ EXP:_____ VCC:_____

FOOD REQUIREMENTS:

Are you okay with eating egg and cheese (yes/no)? _____

Any food intolerances?

Nuts(), Eggs(), Dairy(), Gluten(), Other: _____

Any access requirements?
