

WHOLENESS HEALING & TRAINING CENTRE

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Training Course Registration Form

Course Apply 報讀課程: _____

Name:(English) _____ (中文) _____

Nationality 國籍: _____ Occupation 職業: _____

Date of Birth 出生日期: _____ Sex 性別: _____

Language(s) Spoken 語言: _____

Telephone: (Home 家) _____ (Office 辦公室) _____

(Mobile 手提) _____ Fax 傳真: _____

Email 電郵: _____

Correspondence Address 住址 / 通信地址:

Have you ever learnt or practiced Crystal, Reiki or any natural / spiritual healings before? If so, please state the name, level, when and the master's name of the practice(s)

如你曾學習有關靈氣或其它自然療法課程, 請列出課程名稱、級別、時間及導師名稱。

Please list the most important 3 areas you desire to improve or accomplish through this training. Please state as detail as you can to fill out all blank areas below. 請詳細列出三樣通過本課程你最想改善的地方或達到的目標。請盡量把本表格填滿。

Payment Method :

- A. Crossed Cheque payable to "**Wholeness Group Ltd**", mail with this form to G.P.O. Box 6869, Central, HK 郵寄登記表格及訂金支票 (請劃線, 抬頭人: **Wholeness Group Ltd**) 到: 香港中央郵政總局信箱 6869, 新心靈集團有限公司收, 或
- B. Direct deposit to **HSBC Bank** account of **Wholeness Group Ltd**, A/C: **002-8-411551**, fax receipt to (852) **2407-5508**. 存訂金入**新心靈集團有限公司 (Wholeness Group Ltd)** 的香港上海匯豐銀行戶口: **002-8-411551**. 然後連同存款收據及登記表格傳真至: (852) **2407-5508**
- C. For enquiry, please call **Wyman Chow** at **2407-5503** 如有查詢, 請致電 **2407-5503** **周徐屬樺女士**
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