



**Pacific
Essences[®] Ltd.**

Energy Medicine[®] Training by correspondence

Please complete this form and return by email to info@pacificessences.com - thank you!

Name _____

Telephone _____ Fax _____

Address _____

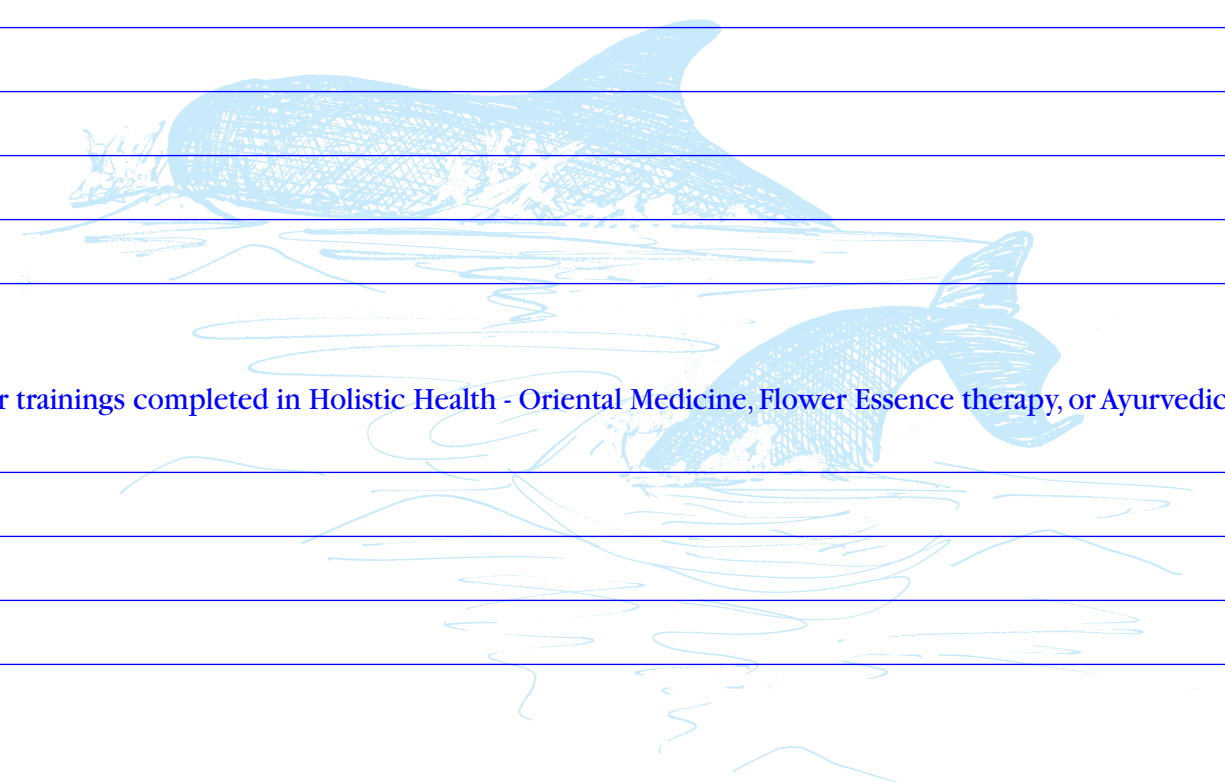
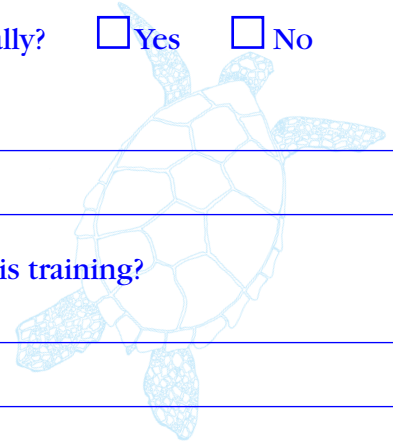
E-mail address: _____

Are you using flower essences personally? Yes No professionally? Yes No

Which ones do you use? _____

Please make a brief statement about who you are and why you want to do this training?

Other trainings completed in Holistic Health - Oriental Medicine, Flower Essence therapy, or Ayurvedic medicine?



Are you engaged in a Professional Health Practice at the moment? Please Explain...

How do you intend to find volunteers for your case studies?

Terms of Contract

- Participants will receive an Energy Medicine Practioner Certificate of completion when they have met the following requirements *within 2 years* of commencing the training
 - 5 written assignments
 - 5 written case studies using **Pacific Essences** and the principles learned in the *Energy Medicine®* training (a minimum of 4 consultations per client is required to qualify as a case study).
- I enclose the full amount of \$800.00 payable upon enrollment \$ _____
- OR**
- I prefer paying \$1100.00 in two installments
 - \$550.00 payable upon enrollment \$ _____
 - \$550.00 payable within 90 days of the date of enrollment \$ _____

Canadian students add HST (12%)

TOTAL

\$ _____
\$ _____
\$ _____
\$ _____

If you are using MasterCard or VISA please complete the following:

Card # _____ Expiry Date _____
Name of Card Holder _____
Card Holder Signature _____



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