

2008 Healing in Paradise Formica Application

Please select which program(s) you are applying to (check all that apply):

- HIP Formica July 3-7 2008
 HIP Formica July 10-14 2008

Name _____ Male Female Age _____
Address _____ Apartment/Suite# _____
City/State/Zip _____ Country _____
Home Phone _____ Office Phone _____ Email _____
Are you a Practice Member D.C. Chiropractic Student C.A. D.C. Spouse SRI WE
Name of your NSA Practitioner _____

In order to apply for the program, we must receive the following with this application:

- Healing in Paradise Personal Care Form
- Healing in Paradise Practitioner's Form
- Energetic Life Inventory (available online)
- Signed Healing in Paradise Statement of Intent Form
- Photo of Yourself
- A 200 Euro Application Reservation Fee Per Program (by credit card)

*Please note: Application will not be considered complete until ALL of your information has been received.

Your application-processing fee will be applied towards your program fee (2650 Euro by credit card or 2550 Euro by check or cash and the balance will not be charged until your registration has been confirmed. This will only be refunded if your application is not accepted by Wise World Seminars. Note a credit card is required to reserve your spot.

Credit Card for Application Reservation Fee: Visa MasterCard

_____/_____/_____/_____ Expiration Date: ____/____/_____

Signature
(sign by hand after form completion/printing)

Indicate your intended form of payment for the program*:

- Credit Card - Same as above Check (to Monda X in Euro's) Cash - Euro
 Wire Transfer Credit Card - (other - fill in below) Visa MasterCard

_____/_____/_____/_____ Expiration Date: ____/____/_____

Signature
(sign by hand after form completion/printing)

* Arrangements for full payment must be received by June, 2008.

Special rooming requests: Indicate any special rooming requests (i.e., preferred roommates). Please understand that we will make every effort to accommodate your special needs. If you are planning on coming as a single, please specify room share preferences if you have any.

I speak the following languages: (please check all that apply)

- English French German Italian Spanish Other _____

Please complete and return your forms to the address below. After review of your application materials and determination of program eligibility, you will be sent a space confirmation for the program(s).

We look forward to welcoming you to Paradise!

Wise World Seminars
Attn: HIP
444 N. Main Street
Longmont, CO 80501 USA
Fax: 303-678-8089

Email: marina@wiseworldseminars.com