



Basic Pranic Healing Level I

with **Connie Williams, M.Ed.**
& **Kenneth L. Williams, D.C.**



Place: The Center for Pranic Healing and Wellness
206-B Center Rd.
Gulf Breeze, FL 32561

Dates/Times/Costs: **December 3 – 4, 2010** Fri. 6pm – 10pm, Sat. 9am – 6pm
Registration/Sign-in Begins at 5:30pm Friday, December 3, 2010
\$295 if paid in full by Nov 24, 2010
\$325 Regular Price
\$350 at the Door
Review fee is \$50*
*Review fee waived if taken within past year

14 General CE Hours for LMT's
14 General CE Contact Hours for Social Workers
14 PDA's for Acupuncturists
14 Contact Hours for Nurses

To Register, Mail or FAX to:
Institute for Pranic Healing
107 Baybridge Dr. Gulf Breeze, FL 32561
850-982-8018
FAX: 850-934-4770

Questions? Please call or email:
Ken Williams, DC
850-380-0530
Ken.PranicHealingSouth@gmail.com
Connie Williams, M.Ed.
850-380-0561
PranicHealingSouth@gmail.com

Lodging: Please visit the "Classes and Events" page at www.pranichealingandwellness.com or call 850-982-8018 for more information.

December 3 - 4, 2010 Basic Pranic Healing Level I Gulf Breeze, FL

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
Phone: _____ Email _____

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| <p>Will you be earning credits? (please check)</p> <p><input type="checkbox"/> CE Hours massage</p> <p><input type="checkbox"/> CE Hours social work</p> <p><input type="checkbox"/> PDA's Acupuncture</p> <p><input type="checkbox"/> Contact Hours Nursing</p> <p>License #: _____</p> |
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Payment: **Check** (Payable to Institute for Pranic Healing) **Credit Card** (VISA, MC, DISC, AMEX)
(Please contact us for **Cash** payment)

Credit Card #: _____ - _____ - _____ - _____

Expiration Date: ____ / ____

Signature (as appears on card) _____

