

HUENERGY™ Program

REGISTRATION FORM

Last Name: _____ First Name: _____ MI _____

Address: _____

City: _____ State: _____ Zipcode: _____ Country: _____

Tel: _____ Cell: _____ Fax: _____

E-mail: _____ Occupation: _____

Emergency Contact: _____ Tel: _____

Birthday (DD/MM/YR): ____/____/____ Age: _____ Male Female

Referred by: _____ Date of Course: _____

Reason for learning: _____

Natural energy healing experience: _____

Language/Translation/Other Assistance: _____

Remarks: _____

Fee\$ _____ HUENERGY™ 101 HUENERGY™ 201 Audition Other: _____

Credit Card \$ _____ Cashier's Check\$ _____ Paypal \$ _____ Other: _____

American Express Discover Master Card Visa Traveler's Check Cash _____

Card number: _____ Expiration Date _____ Authorization code _____
3 or 4 digit

Name (PRINT EXACTLY AS ON THE CARD)

Signature **X** _____ Date _____

My signature indicates that I authorize my credit card to be charged for the selected method of payment. All transactions are final and non-refundable.

For Office Use Only

Organizer: New Paradise Institute
Contact: HUENERGY Department
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Email: support@HUENERGY.com
Phone: 1.626.539.4818

Notes:

