Jikiden Reiki Seminar Application Form - Shoden and Okuden

Name	Date of Birth (yyyy/mm/dd)	
Male Female	Telephone	
Address		
	E-mail	
Country (
Dates of attendance (yyyy/mm/dd)	Teacher	
\Diamond Shoden:	Shoden: Chiero Moniya	
♦ Okuden:	Okuden: Chieko Moriya	
\Diamond I give permission to place my name in the member list on the official Jikiden Reiki website. Yes \Box No \Box		
Objectives of the Jikiden Reiki Institute • To publish books illustrating the effectiveness of Jikiden Reiki and documenting peoples experiences • To promote the use of Jikiden Reiki in conjunction with other "alternative" or "complementary" medicines by professionals in those areas • To teach and promote Jikiden Reiki to doctors, nurses and all medical practitioners thereby initiating its use either as an alternative to conventional medicine or in conjunction with conventional medicine • To promote the use of Jikiden Reiki for every day medical care in the household • To reduce the need for the use of medication resulting in a significant reduction of global medical waste		
Regulations of the Jikide The shirushi (symbols), Jumon and any contents revealed to those not in attendance Any publications, photos or seminar content shal	of the manual or seminar shall not be	

or made available on the internet Jikiden Reiki shall not be taught mixed with other kinds of Reiki or taught by anyone other

than Shihankaku (assistant teachers) and Shihan (teachers) approved by Jikiden Reiki Institute

I have read and fully understand the objectives and regulations of the Jikiden Reiki Institute and agree to comply with these regulations above.