Jikiden Reiki Seminar Application Form – Shoden and Okuden

Name	Date of Birth (yyyy/mm/dd)
Male 🗆 Female 🗆	Telephone
Address	relephone
Auuress	
	E-mail
Country ()	
Dates of attendance (yyyy/mm/dd)	Teacher
♦ Shoden:	
	Shoden: Chieko Moriya
◇ Okuden:	♦ Okuden:
	V ORWON.
\diamond I give permission to place my name in the member list on the official Jikiden Reiki website. Yes \Box No \Box	
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 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 Jikiden Reiki Institute The shirushi (symbols), Jumon and any contents of the manual or seminar shall not be revealed to those not in attendance Any publications, photos or seminar content shall not be revealed, loaned to any third party 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.	

Signature

Date