

# *Cellular Expansion and Healing Practitioner Training Enrollment Form*

*IT IS REQUIRED TO FILL IN ALL FIELDS. THANK YOU.*

DATE: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

A bodywork table is required for class. If you need assistance, please contact us. Please indicate here if you are bringing a bodywork table.  Yes  No

**Registration Deposit: \$350 - new students \$150 - returning students  
Due by REGISTRATION DEADLINE: July 1, 2009**

I am enrolling in:

2009  September 17-20, 2009 and March 11-14, 2010  
Registration Deadline: July 1, 2009

2010  September 23-26, 2009 and March 17-20, 2010  
Registration Deadline: July 1, 2010

I am enclosing my NON-REFUNDABLE \* deposit(s) \$ \_\_\_\_\_ in the form of:

Money Order  Personal Check payable to VANATI  Master Card  Visa

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_

Signature as it appears on the card: \_\_\_\_\_

I would like to enroll in the payment plan

*To participate under this plan, you MUST provide a VISA or MASTERCARD credit or debit card*

**\* YOUR DEPOSIT IS NON-REFUNDABLE. However, it is transferable if used by December 31st of the calendar year in which it was made. You may apply the credit to another class or to products only.  
IF IT IS NOT USED BY DEC. 31, IT EXPIRES. There is a \$25 bookkeeping charge applied to the transfer.**

*Please print and mail this form with your deposit. Thank you.*

— Please answer all of the following questions. —

Returning students, please update your answers. There are no right or wrong answers; these questions are designed to help us serve you better. Thank you for taking the time to respond.

**Current health conditions:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What is your experience with meditation and spiritual practices?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you have a history of psychiatric care?** (Please describe so we may support your participation in class) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What do you want to achieve in this class?** (Be specific and take as much space as you need) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How did you hear about Cellular Expansion?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Your name exactly as you want it to appear on the certificate?** \_\_\_\_\_  
\_\_\_\_\_

Please Mail To:

**VANATI**  
5647 Bryant St  
Pittsburgh, PA 15206

**Phone:** 412-361-2300  
**Email:** Vanati@vanati.com  
**Website:** www.vanati.com