

VANATI ENROLLMENT FORM

OPENING TO DIVINE PURPOSE

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DATE: _____

NAME: _____ LAST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ E-MAIL: _____

Registration: \$250 Payment due by January 30, 2012

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: _____

Year First CE practitioners course taken _____ I have repeated the CE course _____ times.

I would like to enroll in the payment plan.
(To participate, you MUST provide a VISA or MASTERCARD credit or debit card.)

Current Health Conditions: _____

Describe the changes in your life since you first studied CE. _____

What supports your personality to integrate change? _____

What do you want to achieve in this class? Please be specific and use more paper if needed. _____