



**\*\*\*PRIORITY RESERVATION\*\*\***

Usui Reiki Network / Reiki Education Services

August 15<sup>th</sup> to 17<sup>th</sup>, 2025

PAYMENT OPTIONS	<p><b>USE 'SAVE AS' TO SAVE THIS FORM USING YOUR NAME.</b></p> <p><b>A \$100 deposit is the minimum amount required to reserve a place.</b></p> <p>Please reserve my place in this seminar on the following basis:</p> <p>Earlybird discount (in full by July 15<sup>th</sup>) - \$720.00</p> <p>Standard fee (from July 16<sup>th</sup>) - \$775.00</p> <p><b>* Note: Payments completed by July 15<sup>th</sup> are eligible for the earlybird discount. Instalment payments are welcome. Amounts unpaid from July 16<sup>th</sup> revert to a standard fee of \$775.00</b></p> <p><b>Seminar Venue:</b> MacKillop Conference Centre Archibald Street, Lyneham</p>		
	<p><b>PAYMENT METHODS</b></p> <table border="1"> <tr> <td> <p><b>Direct Deposit</b></p> <p>Reiki Education Services Bendigo Bank BSB 633 000 Acc. No. 1331 688 49</p> </td> <td> <p><b>Visa/Mastercard/PayPal</b></p> <p>PayPal is not preferred... however if it's easier for you - Use the link: <a href="https://paypal.me/SueLH">paypal.me/SueLH</a> (Copy and paste link text into a web browser to open the link. Ensure you select AUD for currency)</p> </td> </tr> </table>		<p><b>Direct Deposit</b></p> <p>Reiki Education Services Bendigo Bank BSB 633 000 Acc. No. 1331 688 49</p>
<p><b>Direct Deposit</b></p> <p>Reiki Education Services Bendigo Bank BSB 633 000 Acc. No. 1331 688 49</p>	<p><b>Visa/Mastercard/PayPal</b></p> <p>PayPal is not preferred... however if it's easier for you - Use the link: <a href="https://paypal.me/SueLH">paypal.me/SueLH</a> (Copy and paste link text into a web browser to open the link. Ensure you select AUD for currency)</p>		

Please reference all payments with **your name** and **R1 Canb.**

Please fill in details as requested below.

Your information remains confidential.



Return the form via e-mail (preferred) to: [reikieducation@outlook.com](mailto:reikieducation@outlook.com)

or via post to: 8 Ashmore Close, Boambee East, NSW 2452

Name

Address

E-mail

Phone/Mob

Do you have any special dietary/medical conditions/access needs?

*\*We ask for health and safety reasons only.*

Person to notify in case of emergency and contact number

I have made payment as noted on the previous page.

I note that seminar information on times, venue etc will be forward to me via e-mail.

I understand that full refunds are only available if I cancel with more than 4 weeks' notice prior to seminar commencement. If I cancel within the 4 weeks, I am entitled to a full refund LESS the deposit amount of \$100. I may choose to roll over all or part payments to a future seminar if I am unable to attend this one.

Signed:

Date:

*\*Typing your name in the field above will be regarded as an electronic signature.*