

Jikiden Reiki Seminar Application Form - Shoden and Okuden

Name	Address	
Date of Birth d/m/y		
Telephone	E-mail	
I am taking: Shoden / Okuden / Both (Zenki) (Koki)	Place of Seminar Kaori no Mori Musashino-shi, Tokyo	Teacher Masaki Nishina
Date of seminar d/m/y	<ul style="list-style-type: none"> • I give permission for my name to be placed on the internet - Yes / No • I give permission for my details to be given to other members of this seminar group - Yes / No 	

Objectives of the Jikiden Reiki Institute

- *To publish books illustrating the effectiveness of Jikiden Reiki and documenting peoples experiences*
- *Jikiden Reiki is used in conjunction with other “alternative” or “complementary” medicines by professionals in those areas*
- *Jikiden Reiki is taught and promoted 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 limit the need for the use of medication resulting in a significant reduction of global medical waste*

Regulations of the Jikiden Reiki Institute

- *The symbols (shirushi), mantras, 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 Shihan-Kaku (assistant teachers) and Shihan (teachers) approved by Jikiden Reiki Institute.*

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

Signed	Date
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