



Human and Universal Energy & Spirituality Academy

HUESA San Jose, California U.S.A.

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REGISTRATION FORM

Level 20.2 Seminar

1. Full name: _____

(first name)
(family name)
2. Names preferred to be on certificate: _____
3. Gender: Male.....Female.....
4. Date of birth: / / 19.....
5. Place of birth: _____ , _____
6. Citizenship: _____
7. Occupation (optional) _____
8. Contact details:
 - Address: _____
 - _____
 - Email address: _____
 - Tel.: () _____ Fax: () _____
9. Level _____ details:
 - Dates attended Level 20.1/...../
 - Place of attendance: _____

ACKNOWLEDGEMENT

I hereby acknowledge that no representation in whatsoever form - verbal, written, explicit nor implicit promise - has been made to me to guarantee that my participation in this SEMINAR organized by HUESA-MEL San Jose would guarantee me to apply successfully the instructions in the said seminar to cure/heal illnesses.

I further acknowledge that the mere obtaining of Certificate of Attendance in this Seminar does not imply any guarantee of success in the treatment of any person's illnesses nor approval of registration for higher level seminar/s.

I understand that the seminar costs paid to HUESA-MEL San Jose for this Seminar are not income tax deductible.

_____ dated / / 2010.....

Place

_____ (signature)