

Energetic Well Being®

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EWB Registration Form

The following information is required to register for one or more of EWB's workshops, and for Home Study participants. Home Study participants, please sign and return prior to starting the Home Study.

Workshop/Home Study participant agrees that the course is intended for his/her personal and individual use. It is not to be copied or redistributed. Any questions regarding the use and restrictions of use of EWB Process Workshops and/or Home Studies can be directed to info@ewbp.com.

As with any energetic methodology, processes of EWBP® and PPBN® are not a replacement for any treatment. Consult your physician, therapist or counselor for diagnosis and treatment.

Participant Name (please print clearly):

First

Last

Mailing Address: _____

City

State/Province

Zip Code

Country if outside U.S.

I acknowledge that I have read the above and am registering for an EWBP Workshop/Home Study. I authorize EWB to contact me with updates, changes, and other information relevant to its workshops.

Signature: _____ **Date:** ____/____/20____

Phone (please include area code):

Home: _____ **Cell:** _____ **Work:** _____

Email address (please print clearly): _____

Preferred method of contact (check those that apply)? Phone: _____ Email: _____ Mail: _____

The above information is collected and maintained for office use only.

If you would like to be added to our email list for info on upcoming calls, workshops, demos and other events,

please check here:

We do not and never will share, sell or disclose your info to anyone!

OFFICE USE ONLY:

COURSE TITLE: **Essentials** **Essentials Home Study**

PPBN **PPBN Home Study** **Proficiency** **Advanced**

START DATE:

Payment/other information: