



**Radiance Seminars, Inc.**  
**1275 66th St. N., #47727**  
**St. Petersburg, FL 33743**  
**Email: RSISeminars@gmail.com**

**APPLICATION**

**The Fourth Degree of The Radiance Technique®**

**The Radiance Technique®      Authentic Reiki®      Real Reiki®**

*Please note: submitting this form does not guarantee you a place in a seminar. The information on this form is kept confidential. It must be filled out in full and **in English only**. Please return by mail or email to the address above with a current photograph.*

**REMEMBER TO SIGN THE APPLICATION ON PAGE 2**

PLEASE PRINT CLEARLY

Name \_\_\_\_\_ Date \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Postal Code \_\_\_\_\_

Country \_\_\_\_\_ Birth Date \_\_\_\_\_  
 (Month/Day/Year)

Email \_\_\_\_\_

Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ Fax # ( \_\_\_\_\_ ) \_\_\_\_\_

About your study of The Radiance Technique®:

The First Degree: Date Completed \_\_\_\_\_ Instructor \_\_\_\_\_

The Second Degree: Date Completed \_\_\_\_\_ Instructor \_\_\_\_\_

The Radiant Third Degree: Date \_\_\_\_\_ Instructor \_\_\_\_\_

The Third Degree - 3A: Date \_\_\_\_\_ Instructor \_\_\_\_\_

The Third Degree - The Official Teacher Training:

The First Degree: Date \_\_\_\_\_ Instructor \_\_\_\_\_

The Second Degree: Date \_\_\_\_\_ Instructor \_\_\_\_\_

Background Information:

*(Attach additional page as needed)*

List any other techniques you have studied:

Your Use of The Radiance Technique®:

*(Attach additional page[s] as needed)*

In what ways do you use TRT® Hands-on in your daily life?

In what ways do you use The Second Degree on a daily basis?

In what ways do you use The Third Degree (3A) in your daily life?

Please describe how you are currently using The Third Degree (3B) Attunements — and which ones — for your personal growth.

What is your purpose in studying The Fourth Degree?

**I understand that the seminar for The Fourth Degree is in no way connected to The Official Teacher Training Program of The Radiance Technique®, Authentic Reiki®.**

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Signature

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Date

**I hereby give permission for the experiences I have written to be used by TRTIA as experiential data in publications and for placement in TRTIA's permanent experiential data files. I understand my full name will not be used without my explicit permission.**

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Signature

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Date