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APPLICATION

The Fifth 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, preferably by email, to the address above with a current photo.*

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 (3B) - The Official Teacher Training:

The First Degree: Date _____ Instructor _____

The Second Degree: Date _____ Instructor _____

The Fourth 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 tools learned in The Second Degree on a daily basis?

In what ways do you use what you learned in 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 (if applicable).

In what ways do you use The Fourth Degree in your daily life?

What is your purpose in studying The Fifth Degree?

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

Signature

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.

Signature

Date