

Certification Form - Semester 2 2011

Please complete this Certification Form in Full and return to Universal Life Tools within 3 weeks of commencement of your first workshop to ensure your certificate is printed and available for collection at the event.

If you do not require a Certification Form &/ Practitioners Certification, then simply read, sign and date the Disclaimer on page 2, and return this form to Universal Life Tools prior to your first workshop commencing.

Workshop Enrolment Sem 2 - 2011: Workshop Facilitator - Simone Matthews

Please indicate the workshops you are enrolled in for Semester 2 2011:



Semester 2 - Noosa

- | | | |
|--------------------------|-------------|---------------------------------------|
| <input type="checkbox"/> | 5 & 6 Aug | CLH I - Noosa |
| <input type="checkbox"/> | 7 & 8 Aug | CLH II - Noosa |
| <input type="checkbox"/> | 9 & 10 Aug | CLH III (special international event) |
| <input type="checkbox"/> | 2 & 3 Sept | CLH III - Noosa |
| <input type="checkbox"/> | 4 & 5 Sept | Essence of Angels - Noosa |
| <input type="checkbox"/> | 19 & 20 Nov | CLH IV (Advanced) - Noosa |

Certificate of Completion: (Please use CAPITAL LETTERS)

Name you require on your Certificate of Completion for CLH I &/ II &/ III &/ IV

Practitioners Certification: (Please use CAPITAL LETTERS)

Name you require on your Practitioners Certificate for CLH (on completion of I, II & III) &/ Essence of Angels:

To qualify for the CLH Practitioners Certificate, you must have completed CLH I, II & III.

Please detail below the dates of completion of CLH I, II or III where you have completed these in previous years.

If you are enrolled in any CLH Level for the first time this year, simply detail '2011' beside each workshop level.

- CLH Level I - Completion Date(s): _____
- CLH Level II - Completion Date(s): _____
- CLH Level III - Completion Date(s): _____

Enrolment Details:

Name: _____

Phone/Mobile: _____

Email: _____

Payment Methods for Balance Outstanding: (please leave blank if not applicable)

Please find attached my cheque or money order for: \$ _____

(please make payable to Simone M. Matthews)

OR

Direct Deposit into your account \$ _____ Date Deposited: _____
(BSB 124 183, A/c 11 093 008, Simone M. Matthews, Bank of Queensland)

OR

Final Payment via PayPal \$ _____ Date Deposited: _____

PayPal Account: info@simonemmatthews.com

OR

Please charge \$ _____ to my Credit Card. VISA / MASTERCARD

Credit Card No: Exp Date: _____

Card Holders Name: _____ Card Holders Signature: _____

Other Comments:

Please detail here any comments you may have or other information you feel is important for ULT to know:

Disclaimer:

I hereby acknowledge and agree that in attendance of the above mentioned workshop(s), the ownership of the intellectual property provided in the workshop(s) belongs to Simone M. Matthews, and that I will not use any of that intellectual property in any form of advertising, education or promotion whatsoever. I also acknowledge that use of any procedures or techniques learnt in the workshop(s) are in no way designed to replace medical practices or medical advice given to people from qualified medical practitioners. The workshop(s) material makes no claim to cure any illness or disease, nor does it claim to diagnose and prescribe medical advice. The information is not intended to offer medical, psychological or other professional services, and whenever persons find themselves in need of treatment by a qualified medical practitioner, the above mentioned party encourages them to do so. In the event that you use the information from the workshop(s) for yourself or others, the above mentioned party assumes no responsibility for your actions.

Signed: _____ Name in Full: _____

Date: _____

Please complete this form and return ASAP - atleast 3 weeks prior to your first workshop.

If received after this time your Certificate of Completion may not be available for collection at the Workshop.

If this form is received late, and hence your Certificate does not make the print run, then additional charges maybe applied for Printing and Postage & Handling charges of your Certificate.

Please Return Form to : Simone M. Matthews, PO Box 2151 Noosa Heads QLD 4567 Australia

Or Scan this form and email to Simone at : empower@universallifetools.com