

**THE EDEN ENERGY MEDICINE
REGIONAL ENTRY PROGRAM (REP) WITH
LISA BUFORD IN BROOKLYN, NY**

**Registration Form
Space is limited, early registration suggested.**

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

How did you hear about the program? _____

Profession: _____

A student roster will be available with Name, Phone & Email: Do Not Include Me

Brooklyn, NY REP Class One: June 14-16, 2009 Class Two: August 16-18, 2009.
Class Three: November 1-3, 2009 Class Four: February 7-9, 2010.

Please check your payment option:

- \$1,900 for all four classes paid in full before the first class. No deposit. Check Enclosed, payable to Lisa Buford
- \$595 for each class individually **Check #:** _____
- \$250 deposit for first class (Non-refundable)

To reserve your space, please mail your check or money order with your registration form and your release agreement to:

Chava Levy
1601 Ocean Parkway, Apt. 2F
Brooklyn, NY 11223

For more information call Chava at 718-998-4939 or email her at sane_solutions@verizon.net

For information about CEUs or matriculating into the two-year Eden Energy Medicine Certification Program, email Lisa at lbuford@wispwest.net or call her at 406-223-1624.

Eden Energy Medicine
Regional Entry Program
With Lisa Buford

REGIONAL ENTRY PROGRAM RELEASE AGREEMENT

I understand that Energy Medicine is an innovative approach to health care, which is only beginning to be investigated scientifically. I further understand that the training in Energy Medicine and other services I am or may be receiving from Innersource and/or Lisa Buford and its agents do not substitute for diagnosis and/or treatment from a qualified health practitioner for illnesses, injuries, or other medical conditions.

I understand that some classes are videotaped, that these tapes may be distributed for educational purposes, and I give my permission for my participation to appear on these tapes.

Lisa Buford reserves the right, at her discretion and without explanation, to keep a person from registering for a class or to require a participant to leave a class. Any refunds will be handled on a case-by-case basis, again at our discretion.

I also understand that any activity in which a person might participate involves some risk. In consideration of being permitted to enroll for the instructional and other services offered through Innersource and/or Lisa Buford, I release and hold Innersource, Lisa Buford, its agents, officers, employees, directors, successors, and affiliated corporations harmless from any claims arising out of my participation in the instructional or other services offered by Innersource and/or Lisa Buford or the use of facilities and/or equipment it provides.

Signature: _____

Print name: _____

Date: _____