

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

**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

Spokane REP Class One: May 15-17, 2009. Class Two: July 24-26, 2009. Class Three: October 2-4, 2009. Class Four: January 15-17, 2010.

Please check your payment option:

- | | |
|--|---|
| <input type="checkbox"/> \$1,900 for all four classes paid in full before the first class. No deposit. | <input type="checkbox"/> Check Enclosed, payable to Lisa Buford |
| <input type="checkbox"/> \$595 for each class individually | Check #: _____ |
| <input type="checkbox"/> \$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:

Lisa Buford
P.O. Box 531
Emigrant, MT 59027

Questions? Email Lisa at lbuford@wispwest.net or call her at 406-223-1624

Contact Lisa for information about CEUs.

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: _____