

PSYCH-K™ Workshop Participation Form

General Instructions

1. Complete this *PSYCH-K Workshop Participation Form*. Please print clearly or type all information. **Be sure to sign and date the Workshop Participation Agreement, below.**
2. Make a copy of this *PSYCH-K Workshop Participation Form* for your records.
3. If paying by check or money order, please make it payable to **Balance & Performance Solutions**. If paying by credit card, please complete the **Credit Card Payments** section on the other side of this form.
4. **Return this completed Workshop Participation Form with your check or money order (if applicable) to:**
Balance & Performance Solutions, Attn: Nikkea B. Devida
12861 Rubens Avenue, Los Angeles, California [90066]
5. You will receive a confirmation letter with directions and other useful information.

Questions: Contact Nikkea at NikkeaBDevida@aol.com or **310-822-6905**.

NOTE: Payment by credit card, check, or money order must accompany this *Workshop Participation Form* for your registration to be processed. All payments must be in U. S. dollars.

Workshop Participation Agreement

Important! Please read!

I understand and agree that PSYCH-K, the PSYCH-K logo, the “Free Yourself” logo (falcon graphic), “PSYCH-K Centre,” and “The Myrddin Corporation” are registered trademarks or trademarks of The Myrddin Corporation, and that any and all handouts and other materials that display the “Free Yourself” logo and that are distributed to me during this PSYCH-K workshop are copyrighted materials of The Myrddin Corporation.

I further understand and agree that “Balance & Performance Solutions” is a trademark of Nikkea B. Devida and that Vibrant Life, a private ministry and corporation sole, is the sole and exclusive holder of natural law/common law copyrights on the names “Vibrant Life” and “Vibrant Living Endowment Program” (or “VLEP”), and that any and all handouts and other materials that display any of these names are trademarked or copyrighted materials of Nikkea B. Devida or Vibrant Life, as applicable.

I therefore willingly agree that I shall not, at any time, reproduce or use any of said trademarks or reproduce or distribute any of said trademarked or copyrighted materials, in any form, format, or medium, for any purpose whatsoever, other than for my own personal, private use, without the prior, express written consent of The Myrddin Corporation, Nikkea B. Devida, or Vibrant Life, as applicable.

I also agree that I will not attempt to teach nor otherwise disclose any part of the content or techniques and processes taught in this PSYCH-K workshop to anyone who has not also taken this same or equivalent workshop taught by a certified PSYCH-K instructor.

Refund Policy: I understand and agree that any requests I make for a refund must be submitted in writing to Nikkea B. Devida at the email or address specified above, and that, one time only, I make reschedule and transfer my deposit/payment to a future workshop. I understand and agree that I will receive a 100% refund for cancellations or 100% credit for reschedules with at least 14 days notice prior to any workshop start date, and that my deposit becomes nonrefundable for cancellations/reschedules less than 14 days prior to any workshop start date.

Signature of Participant _____ Date: _____

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PLEASE USE A SEPARATE FORM FOR EACH PARTICIPANT.

Please be sure to sign and date the Workshop Participation Agreement, on reverse side.

Your name (as you want it to appear on the roster) _____

Address _____

City _____ State/Province _____ Postal/ZIP Code _____ Country _____

Email (legibly, please) _____

Phone(s) Home (____) _____ - _____ Work (____) _____ - _____

Cell/Pgr (____) _____ - _____ Fax (____) _____ - _____

I wish to register for (please check all that apply)

PSYCH-K Basic workshop Location: LA N. Cal. Other _____ Date: _____

PSYCH-K Advanced workshop Location: LA N. Cal. Other _____ Date: _____

Register		Amount	
14+ days in advance	less than 14 days in advance		
<input type="checkbox"/> Basic workshop	\$ 350	\$ 400	\$ _____
<input type="checkbox"/> First-time participant	\$ 295	\$ 325	_____
<input type="checkbox"/> First-time participant—additional friend or family member	\$ 175	\$ 200	_____
<input type="checkbox"/> Reviewer	\$ 100	N/A	(_____)
<input type="checkbox"/> Please hold my place with a \$100 deposit			
<input type="checkbox"/> Advanced workshop	\$ 650	\$ 700	_____
<input type="checkbox"/> First-time participant	\$ 325	\$ 350	_____
<input type="checkbox"/> Reviewer	\$ 100	N/A	(_____)
<input type="checkbox"/> Please hold my place with a \$100 deposit			
Register for both workshops and save!	\$ 900	\$1000	_____

Basic workshop

- First-time participant
- First-time participant—additional friend or family member
- Reviewer
- Please hold my place with a \$100 deposit

Advanced workshop

- First-time participant
- Reviewer
- Please hold my place with a \$100 deposit

Register for both workshops and save!

- First-time participant

TOTAL DUE FOR WORKSHOPS

\$ _____

Products & Services

- Save \$15**—3 Integration Program practice sessions (reg. \$75) _____ \$60.00 _____
- Book:** *PSYCH-K, The Missing Peace in Your Life!*, Rob Williams **New!** _____ @ \$22.00 ea. _____
- Video:** *Free Yourself From Limiting Beliefs*, Rob Williams _____ @ \$29.95 ea. _____
- Video:** *Biology of Belief*, Bruce Lipton _____ @ \$39.95 ea. _____
- Video:** *Biology of Perception, Psychology of Change*, Lipton & Williams _____ @ \$39.95 ea. _____
- Video:** *Nature, Nurture, and the Power of Love*, Bruce Lipton **New!** _____ @ \$39.95 ea. _____
- Pendulum** with velvet carrying bag (self-muscle testing tool) _____ @ \$19.95 ea. _____

Shipping/handling

- First video/book _____ @ \$3.50 _____
- Additional videos/books _____ @ \$3.00 ea. _____
- Pendulum _____ @ \$1.00 ea. _____

TOTAL AMOUNT DUE

\$ _____

Credit Card Payments

Cardholder name (exact name on card) _____

Credit card # _____ Expiration date _____ Authorization code _____

(Authorization code is a 3-digit code located on the back of the card, following the card number.)

Billing address (where statements are sent) _____

I, _____ (**PRINT exact name on card**), do hereby authorize *Balance & Performance Solutions* to charge my credit card for the PSYCH-K workshop(s) and/or product(s) specified above in the amount specified above using the credit card information I am providing in this Credit Card Payments section.

Authorizing signature of credit card holder _____

Please follow "General Instructions" on reverse side and return this Workshop Participation Form with payment.