

# Karuna Reiki® Master Teacher Registration Form

You must register with the ICRT if you intend to teach Karuna Reiki®. Do not register until you are ready to teach. If you are ready to teach Karuna Reiki® and are purchasing manuals for the first time, please read and sign this form and mail or fax it to: The International Center for Reiki Training, 21421 Hilltop St., #28, Southfield, MI 48033 Ph. 800-332-8112, 248-948-8112, Fax 248-948-9534, or send as an email attachment to center@reiki.org Please make a copy of this form for your records.

I understand that Karuna Reiki® is a registered trademark of The International Center for Reiki Training. When I teach Karuna Reiki®, I promise to abide by the following basic steps:

1. I have taken the Karuna Reiki® Master Training from someone who is registered with the Center.
2. When I teach, I will purchase my class manuals from the Center which also contain the class certificate.
3. I will use the Minimum Teaching Requirements for Karuna Reiki® as described in the Karuna manual.
4. I agree to abide by the Code-of-Ethics for Karuna Reiki® as described in the Karuna manual.
5. I will place the seals on my students certificates, unless they have already been placed there.
6. When I teach, I will issue the certificates provided by the Center to my students that come with each manual. I will make a record of the pre-printed registration number for each student that is on each certificate.
7. I will notify my Karuna master students that if they intend to teach, they must register using this form.
8. I will use the ® symbol next to the name Karuna Reiki® in all advertising and indicate that Karuna Reiki® is a registered trademark of The International Center for Reiki Training.
9. I will inform those that I come in contact with who are teaching Karuna Reiki® who are not registered that they need to do so.
10. I understand that I am an independent business person responsible for my expenses and taxes etc.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name please print clearly: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State and Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email address: \_\_\_\_\_

Date of my Master class: \_\_\_\_\_ My Teachers Name: \_\_\_\_\_

My Registration number (top right corner of your certificate): \_\_\_\_\_