

Integrated Energy Therapy[®] Graduates Form

Instructor's Name(s): _____

Class Location: _____

Class Level: Basic Intermediate Advanced

Class Date: _____ _____ _____

Instructors: Please **print clearly** the following information for each IET graduate.

Student's Name: _____

Address: _____

Town: _____ Province/ State: _____ Postal Code: _____ Country: _____

Phone: (____) _____ Email: _____

Student's Name: _____

Address: _____

Town: _____ Province/ State: _____ Postal Code: _____ Country: _____

Phone: (____) _____ Email: _____

Student's Name: _____

Address: _____

Town: _____ Province/ State: _____ Postal Code: _____ Country: _____

Phone: (____) _____ Email: _____

Student's Name: _____

Address: _____

Town: _____ Province/ State: _____ Postal Code: _____ Country: _____

Phone: (____) _____ Email: _____

Student's Name: _____

Address: _____

Town: _____ Province/ State: _____ Postal Code: _____ Country: _____

Phone: (____) _____ Email: _____