

International Healing Musician's Program

CEU Credit Application

Instructions: (PLEASE PRINT) Fill-in the following information. If you run out of room, please use a separate sheet of paper. Please send only one application per event. Thank you.

Name: _____ wishes to apply for _____ contact hours.

Address: _____ City: _____

State/Province: _____ Code: _____ Country: _____

Telephone: _____ Email: _____

Name of Sponsoring Organization: _____ Telephone: _____

Webpage Address: _____ Email: _____

Name of Main Instructor: _____ Telephone: _____

Email: _____ Event Date(s): _____

Instructor credentials: _____

Title of Event: _____

How do you expect this event to enhance your work as a certified Healing Musician?

I have included printed documentation from the event organizers which indicate the value I will receive from attending this event.

CHM Signature: _____ Date: _____

PLEASE KEEP THE ORIGINAL COPY FOR YOUR RECORDS. Please email a copy to: sbagency@sprynet.com, or fax a copy to 206-264-5657 or mail via postal service to:

Int'l Healing Musician's Program,
PO 272, Lummi Island, WA 98262