

3. WHAT IS YOUR PRESENT OCCUPATION?

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4. WHAT OTHER SPECIAL INTERESTS DO YOU HAVE?

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5. HAVE YOU EVER RECEIVED RADIONIC TREATMENT? YES / NO *
IF SO: BY WHOM WERE YOU TREATED? * Please delete whichever is applicable.

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6. DO YOU HAVE ANY OTHER EXPERIENCES OF RADIONICS?

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7. HOW DID YOU HEAR ABOUT KEYS COLLEGE?

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SIGNATURE.....

DATE.....

This form should be completed and sent to:

Mrs S Warrington, 33 Rodmarton, Cirencester, Glos, GL7 6PE

Or via email: sandiwarrington@btinternet.com