



Sponsors

SELF I-IDENTITY THROUGH HO`OPONOPONO: BASIC I AND YOUR HEALTH

Self I-identity through Ho`oponopono (SITH)

Is a sacred and ancient Hawai`ian problem-dissolving process which frees SELF from memories which replay as problems in 3 steps--repentance, forgiveness & transmutation

Kahuna Lapa`au Mornnah Nalamaku Simeona would say
“**Look at yourself...**” to find **PEACE** and solutions to your problems.
You are welcomed to learn SITH processes for Self and Health – to let go gently.

Date: July 25 & 26, 2009

Time: 10:00 AM to 5:00 PM

Location: The Radisson Hotel Colorado Springs Airport
1645 N. Newport Road, Colorado Springs, CO 80916

A limited block of rooms will be available at the Hotel at a discounted rate.
(You may call 719 597-7000 - request “Bridging the Gap Resources” sleeping rooms)

Co-Presenters: Kikikipa Kretzer, PhD, APN and `Ihaleakala Hew Len, PhD

Article Pre-Requisite: **Who’s in Charge?** <http://www.self-i-identity-through-hooponopono.com>

Article available online: **Self Identity through Ho'oponopono as Adjunctive Therapy for Hypertension Management** http://www.ishib.org_ED_journal_17_4.asp

FEES

New Student Pre-registered – Adult (14 years & older)	\$425.00
New Student Registration on Class Day – Adult (14 years & older)	\$475.00
New Student – Child (birth – 13 years)	\$200.00
Absentee or Review Student* – Adult (14 years & older)	\$125.00
Absentee or Review Student* – Child (birth – 13 yrs)	\$ 75.00
Center Staff	\$ 75.00
Non-Center Staff	\$125.00

*ABSENTEE OR REVIEW STUDENTS MUST HAVE ATTENDED BOTH
A BASIC I TRAINING & A SITH HEALTH CLASS

ALL REGISTRATIONS & FEES MUST BE COLLECTED & COMPLETED
BEFORE APPLICANT MAY PARTICIPATE IN THE SITH CLASS

CONTACT INFO:

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Bridging the Gap Resources LLC

REGISTRATION

(Please Type or Print in Boxes – return this form to kkgbr@comcast.net)

Name

Last

First

Middle

Mailing Address

Street/PO Box

City

State

Zip

Street Address

(Complete if different from above)

Phone:

(Area Code) Home

(Area Code) Business

(Area Code) Cell

Email:

Confirm email:

Occupation:

Attendance for July 25 & 26, 2009 Colorado:

In person

In Absentee (for those who have completed a Basic I Training **AND** Health Class)

Recent Health Class Date :

Recent Basic I Training Date:

Date

City/State

Payment: Check/Money Order payable to: **Bridging the Gap Resources LLC.**

Credit Card (click on www.Paypal.com)

****Please complete this registration form and return** by email or fax. You will receive a confirmation reserving your place, once complete information is received. For those with a Paypal account, please go to www.paypal.com to pay with a credit card using the appropriate fees listed above on flier. Send payment to kkgbr@comcast.net. We request that you **do not** include credit card information on this registration form; it can be provided only on the secured Paypal site.

Amount: \$

Name of cardholder, if other than yourself:

Signature: _____

Date:

Month/Day/Year

at

City/State

∞Opportunities may exist for participation in SITH health-related research studies.

If interested, please check here: