



## Sponsors

### **SELF I-DENTITY THROUGH HO`OPONOPONO: BASIC I AND YOUR HEALTH**

#### **Self I-dentity 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:** June 20 & 21, 2009  
**Time:** 10:00 AM to 5:00 PM  
**Location:** Pikes Peak Center  
190 S. Cascade Avenue  
Colorado Springs, CO 80906  
**Presenter:** **Kikikipa Kretzer, PhD, APN**

Article Pre-Requisite: **Who’s in Charge?** <http://www.self-i-dentity-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](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

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

CONTACT INFO:  
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**REGISTRATION**

(Please Type or Print in Boxes – return this form to [kkgbr@comcast.net](mailto: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 June 20 & 21, 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.**

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**\*\*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](http://www.paypal.com) to pay with a credit card using the appropriate fees listed above on flier. Send payment to [kkgbr@comcast.net](mailto: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:**

at

Month/Day/Year

City/State

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

If interested, please check here: