



Jan

CHEIRONIA PTY LTD
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**Jan Thomas
CHIRON HEALING® CHANNEL
ABSENTEE HEALING BOOKING FORM**

If you would like an absent healing with Jan please complete the details below and send with your payment to:

*Cheironia Pty Ltd,
PO Box 576,
Nambour, QLD, 4560.*

Please include a **self-addressed/stamped envelope** so that Jan can send you any relevant details of the session.

Full birth name: _____

Full birth date: day: _____ month: _____ year: _____

Current name (if different from above): _____

Return address: _____

_____ P/Code: _____

Phone: _____ Fax: _____ E-mail: _____

Brief Health History Past / Present

Reason for booking this session:

Please attach your payment of **\$AUS 50.00** as a reflection of your commitment to the healing of your Chiron wounds.

<u>PAYMENT DETAILS:</u>		Total amount \$ _____		
<i>(Make cheques / money orders payable to "Cheironia Pty Ltd")</i>				
<input type="checkbox"/> Cheque	<input type="checkbox"/> Money Order	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Bankcard	<input type="checkbox"/> Visa
CARD NO: _____		NAME ON CARD: _____		
EXPIRY DATE: ____/____ (month/year)		Signature: _____		

(Please complete this form very clearly in a black pen so that it is easy to read.)

Please be patient as due to Jan's workload it may take a little while for Jan to get back to you with the results of your session.