



**The Radiance Technique International Association, Inc.**

~ Committed to Radiant Peace ~

P.O. Box 40570, St. Petersburg FL 33743

Telephone/Fax 727-347-2106

TRTIA@aol.com  www.trtia.org

*Please help in TRTIA's **Experiential Data Collection** project — your sharings can inspire and support students now and in future generations! Use this form and add other pages.*

*These topics are to get you started. Feel free to add whatever is of value to you and use additional pages as needed. **Please write or print legibly.***

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
City State Postal Code Country

**Study of The Radiance Technique<sup>®</sup>, Authentic Reiki<sup>®</sup>:**

	Date:	Instructor:		Date:	Instructor:
The First Degree	_____	_____	The Fourth Degree	_____	_____
The Second Degree	_____	_____	The Fifth Degree	_____	_____
The Radiant Third	_____	_____	The Sixth Degree	_____	_____
The Third Degree (3A)	_____	_____	The Seventh Degree	_____	_____
The Third Degree (3B)	_____	_____			

I grant TRTIA permission to use this information as part of the Experiential Data Collection and in publications and projects about TRT<sup>®</sup>, Radiant Touch<sup>®</sup>.

Signed \_\_\_\_\_

What has the study of this degree meant to you? Please express your experiences including the physical, emotional, mental and spiritual planes.

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What differences have you experienced in your daily life?

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Share some specific uses for enhancing joy, or relaxation or stress release; something about use in a difficult family, job or other situation.

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In the last few months or year, what in particular have you noticed about yourself that you would interconnect with your study of The Radiance Technique<sup>®</sup>, Authentic Reiki<sup>®</sup>.

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What would you want to share with someone else who was interested in taking The Radiance Technique<sup>®</sup>, Authentic Reiki<sup>®</sup>? What kinds of things would you tell them that would inform them of the benefits, or the possibilities for their life?

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