



The Radiance Technique International Association, Inc.

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*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[®], Authentic Reiki[®]:

	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[®], Radiant Touch[®].

Signed _____

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

What differences have you experienced in your daily life?

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

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[®], Authentic Reiki[®].

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