



® The Academy of Human Universal Energy and Spirituality
MANKIND - ENLIGHTENMENT - LOVE
Affiliated to The Open International University for Complementary Medicines
Medicina Alternativa – Alma Ata Declaration 1962
6 St. Johns Avenue, Springvale, Victoria 3171, AUSTRALIA
Tel: +613 9558 4245 Fax: +613 9558 4244
Website: <http://www.huesa.org>
E-mail: melozie@bigpond.net.au or huesacademy@bigpond.com

NOTICE

C/c: The Level 20.2 Seminar in Melbourne, Australia **from August 9,2009 – August 14 ,2009**

HUESA wishes to notify to all Level 20.1 HUE students that Prof. Dr. Dame Theresa Thu-Thuy Nguyen will hold the Level 20.2 Seminar in Melbourne, Australia from August 9th to August 14th,2009,

Venue: Anabella Receptions, 705-707 Clayton Road, Clayton South, VIC. 3169

Dates: 9th-14th August 2009

Times: 9:00am to 5:00pm

Costs: AUS\$ 1,000 for students from USA, Canada and Western Europe

AUS\$ 700 for students from Eastern Europe, Latin America, Asia and Iran.

AUS\$ 500 for students from Viet Nam and Africa

Payment details: Please deposit the amount to the following account:

Account name: MANKIND ENLIGHTENMENT LOVE PTY LTD IN TRUST FOR
MASTER LUONG MINH DANG FOUNDATION

SWIFT Code: CTBAAU2S

Bank: COMMONWEALTH BANK OF AUSTRALIA

Branch: BRANDON PARK
608 Ferntree Gully Road, Mulgrave, VIC. 3170,
Australia

Account No.: 063 587 1037 8696

Registration of participation closed by: 15 July 2009

Please forward the enclosed registration form to us (email: melozie@bigpond.net.au ,
huesacademy@bigpond.com or fax to +613 9558 4244) at your earliest convenience together with copy
of receipt of your Bank transfer.

Melbourne dated May 12, 2009

For HUESA

Phu Nguyen

The Academy of Human Universal Energy and Spirituality

REGISTRATION FORM

Level **20.2** Seminar

From 9th to 14th August 2009

Melbourne, Australia

1. Full name: _____
(first name) *(family name)*
2. Names preferred to be on certificate: _____
3. Gender: Male / Female *(please circle)*
4. Date of birth: / / 19
5. Place of birth: _____ , _____
6. Citizenship: _____
7. Occupation: _____
8. Contact details:
 - Postal address: _____
City: _____ Postcode: _____
Country: _____
 - Email address: _____
 - Tel.: () _____ Fax: () _____
9. Level 20.1's details:
 - Dates attended Level 20.1: / / 200
 - Place of attendance: _____

ACKNOWLEDGEMENT

I hereby acknowledge that no representation in whatsoever form - verbal, written, explicit nor implicit promise - has been made to me to guarantee that my participation in LEVEL 20.2 SEMINAR organized by HUESA would guarantee me to apply successfully the instructions in the said seminar to cure/heal illnesses.

I further acknowledge that the mere obtaining of Certificate of Attendance in this Seminar does not imply any guarantee of success in the treatment of any person's illnesses nor approval of registration for higher level seminar/s.

I understand that the seminar costs paid to HUESA for this Level 20.2 Seminar are not income tax deductible.

_____ dated / / 2009
(place)

_____ *(signature)*