

Registration form

Touch For Health Synthesis

Date of the workshop: _____

Please send this form by:

Email: info@FreeYourPotential.com.au

Fax: (02) 9976 2297

Or post to Myriam Pitre, PO Box 1212, Manly, NSW, 1655

Name: _____

E-mail address: _____

Mobile phone: _____

Home phone: _____

Postal address: _____

How have you heard of this course?

Found through a website, please specify: _____

From a friend: _____

Other: _____

Enclosed is my investment for my deposit \$200 or 4 levels \$1320 or ____ levels for \$_____

I have already paid via the website

I want to be billed by internet (credit card) to this e-mail: _____

By check (addressed to Myriam Pitre) or money order

By bank transfer, please send bank details to this e-mail: _____

I understand that I have to attend at least 80% of the workshop in order to receive my certificate of completion at the end. I understand that this course does not make me a fully-trained kinesiologist.

Refund Policy:

I understand that my deposit is non-refundable and that in the event of cancellation from my part, I would get 80% refund up to one week prior to the workshop and 50% refund up until the end of the second day. I understand that this workshop is filled by first come, first served basis and that by sending my deposit I ensure that I will be admitted. I will be coming to the workshop and agree to send the balance in full at the latest 7 days prior to the workshop. I agree to actively participate and respect all other participants.

Signature: _____

Date: _____