

REGISTRATION FORM



Heal Your Life – Achieve Your Dreams

Limited Numbers - Please book early to secure your place

Name _____

Address _____

Telephone
Day _____ Evening _____ Mobile _____

Email _____

I would like to attend:

4 week Course (one 2-1/2hr session per week)

8 week Course (one 2-1/2hr session per week)

Morning **or** Afternoon **or** Evening

2 day Weekend Workshop

Deposit: \$50 Secures your Place

Please make Cheques/Money Orders payable to:

L Stoddart, 83 Albatross Dr, BLACKBUTT NSW 2529

Phone: 0242 955457 or 0418 203 306

Please wear comfortable clothing, bring pillow, pen, journal and face size mirror.

Hold Harmless Statement (or Disclaimer)

*My signature on this form declares that I am responsible for my own actions during the week "Heal Your Life, Achieve Your Dreams" course. I understand that this work is for self-development and informational purposes only and is not intended to be therapy. Any need for professional therapeutic services must be secured outside of this course"

Signed _____ Date _____

MAKE THE CHANGE - YOU ARE WORTH IT