

Integrated Energy Therapy®

Fusion School of Natural Health with Jackie Cave

www.jackiecave.com

Registration Form

Class Name: **Integrated Energy Therapy® Basic Level**

Fee: **\$300**

Hours: **9:45 am to 5:30 pm (approximately)**

Dates:

Name: _____ Today's Date: _____

Address: _____

City: _____ County: _____ PC: _____

Email: _____ (please print) Tel: _____

Current Occupation/Life Role: _____

What brings you to this Course? _____

How did you hear about us? (circle): Friend/Family Flyer John Bride Website Other

\$50 deposit may be made by BACS Transfer or PayPal. If paying by eTransfer or PayPal, please scan this registration form and send by email to info@jackiecave.com

Upon receipt of your payment, we will confirm your attendance via email.

Thank you for your interest.

Office use: Date Received _____

Payment method: eTransfer _____ PayPal _____

Any Questions: info@jackiecave.com

Website: www.JackieCave.com

Please bring:

A packed lunch.

A pen and notepad.

An open mind!

Please wear comfortable clothing and note that you will be working in pairs. You will receive a fully illustrated manual and also a certificate on completion of the course.