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# Registration

**I accept the participation terms and register for the following workshop:  
Please, tick**

- Introduction workshop**
- Advanced workshop**
- Energy day**

**NAME:** .....

**OCCUPATION:** .....

**ADDRESS:** .....

**E-MAIL:** .....

**TEL.:** .....

.....  
**date**

.....  
**Signature**

**Please, transfer your payment to the following account two weeks in advance:  
Healing therapy practice,  
Berliner Sparkasse, Account Number: 9600 13 750, Bank code: 100 50000**

**Please; note that you have to pay 50% or find a substitute person if you fail to participate. You will be notified by phone about the workshop dates.**