

Booking Form for Trainings in Craniosacral Therapy with Mike Boxhall

**Please print off this form and send it off to the address below.
Please complete in Block Capitals. Thank you.**

Name:

Address:

Country:

Post/ Zip Code:

Home telephone No.

Work Phone No.

Mobile No.

Email:

Occupation:

Qualifications in other Therapies/modalities (if any):

Details of foundation and other trainings:

Dates:

Please book me in on the following course(s):

The Blessing of Insecurity	The Embodied Spirit	Refresher
Dates:	Dates:	Dates:
Alternative date:	Alternative date:	Alternative date:
Location:	Location:	Location:
Comments:		

*** Please provide alternative dates wherever possible. We cannot guarantee there will be spaces on your chosen course.**

Where/how did you hear about this course?

I enclose my deposit of £..... made payable to Mike Boxhall.

Signed: Date:
.....

Please return to: **Mike Boxhall, 5 The High Street, Oving, Nr.Chichester, West Sussex. PO20 2DD.**

Tel. (44) 01243 775157

Email: mboxhall@stillness.co.uk

Website: www.stillness.co.uk