

ACHO LEVEL 3 DIPLOMA in CRYSTAL HEALING THERAPY

BOOKING FORM

NAME

ADDRESS

.....

POSTCODE

TEL.NO.

E-MAIL.....

ANATOMY & PHYSIOLOGY CERTIFICATE YES/NO (please circle)

OPTIONS WEEKDAYS/WEEKENDS/EVENINGS/RESIDENTIAL (please circle)

START DATE.....

VENUE

I give permission for ACHO to keep records of my contact details in accordance with the data protection act

I have read and understood the above conditions and wish to apply to join the course.

I enclose a deposit for £100/£150 (please circle).

Signed _____ Date _____

NOTE-in the interests of harmonious energies the right is reserved to refuse admission to the course or

request that a student does not continue the course if this is deemed necessary

Deposits are non-refundable and course fees must be paid in full

Please make cheques payable to Institute of Healing and send to;

10A Commercial Street, Halifax, West Yorkshire HX1 1TA