

Registration Form

Please complete and return this form to Holistic Health Centre to the below address.

Surname.....

First Name.....

Address.....

City.....Postal Code.....

Country.....

Telephone Home.....Office.....

Fax.....

E-mail.....

Occupation.....

Previous study or knowledge on Ayurveda (Yes or No)

If your answer is Yes please give details

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Have you attended any talk or seminar given by Holistic Health Centre (Yes or No)

If your answer is Yes please give details

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How did you hear about the talk, which has been organized on the 13th, 14th and 15th of June 2014?

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PLEASE FILL IN THE FORM WITH ALL THE RELEVANT DETAILS.

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