



Introductory Aromatherapy

Workshop Registration

Full Name: _____

Postal address: _____

Email address: _____

Tel: _____ Preferred method of contact: _____

Current Occupation or daily activity: _____

If you are a holistic or Medical practitioner please state your Modality

Date of Birth: _____ Place of Birth _____ Sex F/M: _____

Current belief system?

Are you daily practising what you believe?

Have you experienced Aromatherapy?

Do you currently use essential oils? If so what brands _____

What do you want to achieve during the introductory workshop? _____

Are you interested in becoming an aroma therapist practitioner or teacher? _____

Would you like us to send you course information? _____

Fax to: 888-823-5418 - Thank you