



Application Form

Shiatsu Introductory Day

I would like to attend the Introduction to Shiatsu course on
.....2015

Name:.....

Address:.....

.....

Telephone:.....

E-mail:.....

Any previous Shiatsu or complementary therapy experience:
.....

Please tell us what interests you about this course?.....

.....
Do you have any health issues it would be useful for us to know about?

.....
 I have paid a fee of £55 (non-refundable) for the course for one person.

I have paid a fee of £100 (non-refundable) for two people into your bank account

The Shiatsu School Edinburgh, Bank of Scotland 61 Leith Walk, Edinburgh EH6 8LS, Sort code: 80-02-71, Account Number: 00973641

Please either print out and return to:

The Shiatsu School Edinburgh, 3 Granton View, Edinburgh, EH5 1BP

Or e-mail to admin@tssed.org

www.theshiatusschooledinburgh.co.uk

Phone: 07821 264 882