



Application Form

**Seated Shiatsu Course: Intensive**

I would like to attend the Seated Shiatsu Course on/ enclose cheque (see opposite for other payment methods) for:

- 13-15 May; Assessment Day: Sat 4 June 2016. (4-day)
- I enclose a cheque for £50 (non returnable) for the 4 day course
- 1 – 3 April; 13-15 May; Assessment Day: Sat 4 June 2016. (7-day)
- I enclose a cheque for £125 (non returnable) for the 7 day course

Name.....

Address:.....

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Telephone:.....

E-mail:.....

Where did you hear about our course?.....

.....

My previous Shiatsu experience is:.....

.....

I would like to tell you about myself (any disabilities etc).....

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Would you like to be on our mailing list?.....

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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](mailto:admin@tssed.org)

[www.theshiatuschooledinburgh.co.uk](http://www.theshiatuschooledinburgh.co.uk) Phone: 07821 264 882