

The Shiatsu School Edinburgh
Application Form

Post Graduate courses

I would like to attend (please state course(s) and date(s)):

.....2013/14

.....2013/14

Name

Address

.....

Phone.....

E-mail

How did you hear about this course?

.....

If you are not on our mailing list would you like to be added?
Yes / No

Signature

Date

You will receive a receipt and letter of confirmation once you have sent your full fee.

I have paid a fee of £..... 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.theshiatuschooledinburgh.co.uk
Phone: 07821 264 882 / 0131 555 1875