

TRAINING / WORKSHOP ENROLMENT FORM

Ida Lyall Phone 03 9568 4635 Mobile:0425753494

Website: idalyall.com.au email: info@idalyall.com.au

Name:

Address:

Suburb: P. Code:.....

Tel. (Home/Work):.....Mobile:

Email Address:

How did you hear about me?

Name of Training/Workshop:.....

Training Date(s):

Certificate name:

(Please use large block letters to print your name as you would like it to appear on your Attendance Certificate.)

Name of Workshop	✓ Hours	Fee	Office Use
Touch For Health 1-4 Synthesis	64	\$1400.00	
Touch For Health 1 Training	16	\$350.00	
Touch For Health 2 Training	16	\$350.00	
Touch For Health 3 Training	16	\$350.00	
Touch For Health 4 Training	16	\$350.00	
TFH Workbook (Compulsory for proficiency)	60	\$121.00	
1. Mastery in Theta	16	\$350.00	
2. Transforming Memories In Theta & Delta	16	\$350.00	
3. Assessment	8	\$150.00	
Krhem-Sekhem 1	16	\$350.00	
Krhem-Sekhem 2	16	\$350.00	
Krhem-Sekhem 3	16	\$350.00	
Deposit Payment			

TOTAL

Note: Cost of repeating a workshop is 50% of the current price.

Payment

Deposit of \$_____ paid by cheque money order cash Bank Transfer

Balance of \$_____ paid by cheque money order cash Bank Transfer

Please make cheques or money orders payable to "Ida Lyall".

Bank Details: Commonwealth Bank: 063 010 10072840

Deposit is non-refundable unless trainer cancels.

I agree to abide by the conditions of enrolment and training requirements.

Signed: _____ Date: _____