REGISTRATION FORM
NEURAL ORGANIZATION TECHNIQUE (N.O.T.)
BRUSSELS (BELGIUM) - 2015

PLEASE FILL IN USING CAPITALS

☐ Mrs ☐ Miss ☐ Mr.

Surname: ..... First name: .....

Address: .....

Postal Code: ..... Town: .....

Country: ..... E-mail:.....

Mobile: ..... Fax: .....

Trade: ..... Year of completion: .....

I do register to the seminar : **NEURAL ORGANIZATION TECHNIQUE (N.O.T.)**

Registration deadline : February 1st, 2015

Compulsory pre-registration by e-mail :

laurentpicard@wanadoo.fr

	EARLY BIRD	AFTER FEB. 1ST, 2015
D.C.	500 €	550 €
D.C. 3 first years practical Refresher	350 €	400 €
Student	250 €	300 €

Total for module(s) 1 2 3 = ...€ ..... €
(encircle chosen module(s))

Chirolistic Coaching reserves the right to change
the dates, courses schedules,and the place until one month before the date.

I understand that **my reservation must be confirmed and the balance paid by credit card before each module**. In order to proceed to the payment, Dr. Laurent PICARD will contact me directly.
If I choose to cancel my reservation before that date, CHIROLISTIC COACHING will refund my payment.

Date: ..... Signature : .....

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