



New Life Training Course Enquiry Form

Please indicate which of the courses you would be interested in attending, also which are the best months and days in order for dates and venues to be confirmed. Please return this form as soon as possible.

Salon Name _____

Address _____

Contact Name _____

Tel No _____

Mobile No _____

Best days for courses (tick as appropriate)

- | | |
|-------------------------------|------------------------------|
| <input type="checkbox"/> Mon | <input type="checkbox"/> Fri |
| <input type="checkbox"/> Tues | <input type="checkbox"/> Sat |
| <input type="checkbox"/> Wed | <input type="checkbox"/> Sun |
| <input type="checkbox"/> Thur | |

Best months for courses (delete as appropriate)

- | | |
|-------------------------------|------------------------------|
| <input type="checkbox"/> Jan | <input type="checkbox"/> Jul |
| <input type="checkbox"/> Feb | <input type="checkbox"/> Aug |
| <input type="checkbox"/> Mar | <input type="checkbox"/> Sep |
| <input type="checkbox"/> Apr | <input type="checkbox"/> Oct |
| <input type="checkbox"/> May | <input type="checkbox"/> Nov |
| <input type="checkbox"/> June | <input type="checkbox"/> Dec |

Please tick the courses that you are interested in attending:

- | | |
|---|--|
| <input type="checkbox"/> Body Reading | <input type="checkbox"/> Healthy Anger |
| <input type="checkbox"/> Hopi Ear Therapy (FHT) | <input type="checkbox"/> Hot Stone Massage (FHT) |
| <input type="checkbox"/> Advanced Hot Stone Massage | <input type="checkbox"/> Introductions to Energies |
| <input type="checkbox"/> Developing your Energies | <input type="checkbox"/> Stress Busting |
| <input type="checkbox"/> Life Skills Part One | <input type="checkbox"/> Life Skills Part Two |

Please send all enquiry forms to:

New Life Training
8 Wynn Crescent
Old Colwyn
Conwy
LL29 9DF