

Registration Form

To register, complete this form and mail it, with your payment to:
Martha Hoey,
Elm Tree Centre,
2113, 25 SR, RR#1
Moffat, On, LOP1JO

Please bring your lunch - tea. coffee and snacks are provided

Name _____ Phone _____

Address _____ City _____

Postal Code _____ Email _____

I have studied Level's _____ Therapeutic Touch[®] with _____

My Practice Group is in _____

I give my permission to Martha Hoey to prepare a list of registrants (for their own use) that includes my contact information Yes No

I give permission to Martha Hoey to contact me about any further workshops that she may host. Yes No

NOTE: This information will not be shared with anyone: *Martha Hoey*

Signature _____ Date _____

Alternate dates or private sessions are available on request.
For directions, visit our website at www.elmtreecentre.com