

HYDERABAD WORKSHOP REGISTRATION FORM

(Confirm the seat availability with the organizer {sjay70@gmail.com}, before sending fee. Seats are Limited)

Name (In BLOCK LETTERS):	
Qualification: -	
Designation:	
Course (if student):	
Workshop Levels Applied For:	Level I only / Level I & II Both (Both)
Contact Address:	
Mobile Number: -	
E-mail: -	

Venue:	Hyderabad
Accommodation Required: (Private accommodation can be arranged on first come basis)	

<u>Payment Mode: { } At Par Check* { } Demand Draft * { } Cash</u>	
Note: Please make the DD / Check In favor of "Institute of Holistic Mental Health" payable at "Tiruppur, Tamilnadu"	
Amount:	
At par Check / Draft Number: -	
Drawn On (Bank Name):	.

Place:

Signature:.

Date:

Note: Seats are limited, Please, Confirmation is compulsory for attending the workshop



Mrs. S. Jayanti @ 098499 82963 / sjay70@gmail.com |

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