



## Symptomatic Acupressure workshop

### Registration form

Name..... Date of Birth.....

Address..... Phone No.....

..... E-mail.....

I enclose a €50 deposit as partial payment for the above workshop. The total cost of the workshop is €150 (group workshop) or €200 (Personal one to one tuition) Balance is payable when registering on the day of workshop.

Course date..... I heard about this course from.....

**Please send deposit to: M.A.C. Complementary Health Clinic, 3 St. Mary's ave.  
Kilbeggan, Co. Westmeath.**