West Shires School of Complementary Health

Aromatherapy Oils Online Workshop Booking Form

|  |  |  |
| --- | --- | --- |
| Name: |  | |
| Address including postcode |  | |
| Telephone Number: | Daytime:  Evening:  Mobile: | |
| Email: |  | |
| Workshop Title: Aromatherapy Workshop | | |
| Date of Workshop | Saturday 13th February 2021 | |
|  |  |  |
| Please print clearly the name you would like on your Certificate of Attendance |  | |
| Workshop Price | £50 | |
| Other Information: |

Email form to : [alliancetherapycarmarthen@gmail.com](mailto:alliancetherapycarmarthen@gmail.com)

Or post to : Please make cheques payable to

West Shires School of Complementary Health C E Hodgson

Alliance Therapy Carmarthen,

24 King Street, Bank Transfer BACS

Carmarthen 20-18-54 33637530

SA31 1BS Ref: (name or initial and workshop)