



**Aroma Energy Holistic Healing Centre**

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**Application Form for Workshop & Courses**

Please send completed form together with cheque payment (account payee: Aroma Energy Limited) or pay in person at our office. Alternatively, you can deposit the sum into our bank account and fax us the completed form with the pay-in slip. Please contact us for account information. Official receipt will be issued upon receiving payment.

Name : \_\_\_\_\_ Contact No : \_\_\_\_\_

Email : \_\_\_\_\_ Fax: \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

Course :	Course Code :	Date :	Cost :
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1.	_____	_____	_____
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2.	_____	_____	_____
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3.	_____	_____	_____
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4.	_____	_____	_____
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Total : \_\_\_\_\_

For office use only:

Application received on: \_\_\_\_\_

Payment by: \_\_\_\_\_