

Medical Hypnotherapy

Workshop Booking Form

Pain Management and Hypnotherapy

6th of February 2009, 10am-5pm

Dr A. Zohrabian MD, PhD & Dr R. Peynovska MD, MSc

London College of Clinical Hypnosis
27 Gloucester Place
London W1U 8HU

Name:

Address:

Telephone(s):

e-mail:

Occupation:

How did you hear about the workshop?

I enclose £145 fee for the *Pain Management and Hypnotherapy Workshop*

Signed: _____ Date: _____

Please do not send cash. Cheques should be made payable to: **Medical Hypnotherapy**
and posted to: **Medical Hypnotherapy, POBox 32269, London W5 3XT**

You can contact us on:

Tel: 020 7625 6886 or e-mail RNP@Medicalhypnotherapy.co.uk

Or visit us on the web at <http://www.medicalhypnotherapy.co.uk>

Please note that the fees are non refundable unless the workshop is cancelled