

Medical Hypnotherapy

## Workshop Booking Form

# Pain Management and Hypnotherapy

20<sup>th</sup> of June 2008, 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](mailto:RNP@Medicalhypnotherapy.co.uk)

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