

***Bach International Education Programme Ireland***

***Level one Training***

***in the Bach Original Flower Remedies***

**BLOCK CAPITALS PLEASE:**

**Name:** \_\_\_\_\_

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

\_\_\_\_\_

**Tel no;** \_\_\_\_\_ **Mobile no.** \_\_\_\_\_

**Payment** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

S.A.E. please for Receipt, Accommodation details and Directions.

The following will be signed when received

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**Kerry School of Reflexology.**

**Received Date:**

**Payment:**

Kerry School of Reflexology

**Signed:**