

***Bach International Education Programme Ireland  
Level Two Advanced 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  
\_\_\_\_\_

**Kerry School of Reflexology.**

**Received Date:**

**Payment:**

**Signed:**