



**REGISTRATION FORM
AQUANIMA IN ROMANIA
May 27th to May 31st, 2020**

Please send this form back filled in and scanned attached to an email to Bernadette Blin (blinlery@gmail.com) or by posting it to Bernadette Blin, 18 Rue du Hameau - 95310 Saint Ouen l'Aumône - France

Name _____ Gender _____
First name _____ Age _____
Profession _____ Tel. _____
Address _____ Cell phone _____
_____ Email _____

I am registering for *Aquanima in Romania*, May 27th to May 31st, 2020 **Signed**

I send a deposit of 300€ by bank transfer **Signed**

I will pay the remainder by April 15th, 2020 **Signed**

I confirm that I do not present with any of the following contra-indications to the practice of Holotropic Breathwork: cardiovascular disease, epilepsy, glaucoma, recent surgical intervention, pregnancy, psychiatric illness, and that I don't suffer from any particular restriction to body mobility.

I declare having read, understood and accepted the payment and cancellation policies for this seminar.

I am aware that medical repatriation and cancellation insurance are my personal responsibility.

Place, _____ Date, _____

Signature

Preceded by the handwritten sentence "Read and approved"

Bank information

Bernadette Blin

BIC SOGEFRPP

IBAN FR76 3000 3016 5200 0507 9807 454