



WORKSHOPS' PARTICIPANT REGISTRATION FORM

(Please fill in using CAPITAL LETTERS)

PARTICIPANT FULL NAME:
NAME & TITLE AS YOU WISH IT TO APPEAR ON THE CERTIFICATE :
HOME / MAIL ADDRESS:
DATE & PLACE OF BIRTH:
PHONE NUMBER (H/O):
CELLULER/MOBILE PHONE NUMBER:
FAX NUMBER:
E-MAIL ADDRESS:
PROFFESION /OCCUPATION:
<u>WORKSHOPS & DATES (please tick all that apply)</u> <input type="checkbox"/> OPEN HEART 1 (date: _____) <input type="checkbox"/> OPEN HEART 4 (date: _____) <input type="checkbox"/> OPEN HEART 2 (date: _____) <input type="checkbox"/> OPEN HEART 5 (date: _____) <input type="checkbox"/> OPEN HEART 3 (date: _____) <input type="checkbox"/> OPEN HEART 6 (date: _____)
MEDICAL HISTORY : <i>CURRENT AILMENTS & MEDICATIONS :</i> <i>PREVIOUS AILMENTS:</i>
ORGANIZATION(S) IN WHICH YOU ARE A MEMBER & PREVIOUS ENERGY WORK/TRAINING:
I consent that Padmacahaya Singapore and its partner organisations can contact me for future Padmacahaya and partner organizations events and activities via (Please tick)*: <input type="checkbox"/> Email <input type="checkbox"/> Call <input type="checkbox"/> Text message _____ _____ Signature Date

A non-refundable deposit fee of \$50 should be paid when submitting registration to cover cost of registration, venue rental/usage and refreshment/food preparation for workshops.

*All efforts will be taken to minimise unrelated communication. I can opt out of the various forms of contacts by informing Padmacahaya Singapore and its partner organisations