

Registration Form

Ayurvedic Massage Course

Learn the Mediative Art of Touching, Feeling and Caring

Place:

Dates:

Please fill out all the fields below. If you need any assistance please contact.

Full Name:

Date of Birth:

Gender (Female/Male):

Address:

Postal/Zip code:

City:

Phone Number:

E-mail Address:

How did you find this course?

Diseases (including the chronics)? Describe if yes.

Do you practice or have ever practiced yoga or meditation? Describe which and how often if yes.

Do you practice or do you have knowledge of some kind of massage? Describe if yes.

I declare that all the information that I am giving is true and that I am fully responsible for the omission of any data and current health status. I also confirm that I have full awareness and the knowledge that the teaching given in this course is not intended and doesn't replace professional medical advice in case I need it, and that all the information and activities presented are only for educational and informative purposes.

Date and Signature

Required for enrollment and participation in the Course.

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