



Discovering Dr Bach's Flower System

REGISTRATION FORM

Thank you for your interest in this course. Please print, complete and mail this registration form with payment to **1220-152 Tasman Dr, Sunnyvale, CA 94089**. Checks made payable to **Soo Hwa Yeo**. Payment is required to reserve a space and is non-refundable 2 weeks before the event. A \$25.00 administrative fee will be deducted from any refunds except for courses cancelled by trainer. An acknowledgement letter with further information will be sent to you upon receipt of your completed form and payment.

Course title: _____

Course dates: _____ City: _____

Name: _____ Mr/Mrs/Ms

Address: _____

Phone: _____ Email: _____

Occupation: _____

How did you learn about this seminar?

Please be specific and include names of places or person who referred you.

Previous experience with Bach flower essences:

What are your expectations for this course?

Special Needs: _____

Would you like to be on the mailing list for future events? YES NO

PAYMENT:

Check No.: _____

Amount: _____

Date: _____