

Dublin Gestalt Centre

66 Lower Leeson St.,
Dublin 2,
Ireland

Tel. 01 661 9231

Booking Form

TITLE of COURSE _____

Name: _____

Address: _____

Telephone No. _____ Mobile No. _____

Training/
Profession _____

Training Institute _____ Year of Graduation _____

Year of accreditation(if applicable) _____

Relevant work experience _____

I enclose deposit _____ euro (non refundable) . Please ring for details of amount.

Cheques payable to: Kay Ferriter, Judy O'Hanlon or Claire Counihan.

EARLY BOOKING ADVISABLE