

Intensive Course

April 29 to 30, 2011

Registration Form
International delegates

First Name

Last Name

Gender

MALE

FEMALE

Passport No.

Address I

Address II

City

Country

Telephone

Fax

E-mail

Hotel Reservation

JA _____ NEJ _____ Days _____

Fee Paid _____ Dated _____ Bank _____

■ Duration of course 2 days and fee is 650 Euro. Last date for Registration is 15.02.2011

Date

(Signature of Candidate)

For more information and detail for Course

Swedish Academy of Alternative Medicine

EPEM Group AB, Rosersberg (SWEDEN)

Email: registration@swedishacademi.se

Tlf. +46-070-284 0913

Alternativ Medisin Røa

Oslo Norway

Email: post@amedisin.no

Tlf.+47-2273 2770

Bank Detail for online transfer

IBAN: SE 2095000099603403061710

Bank SWIFT: NDEASESS

Bank: Nordea, Stockholm (SWEDEN)

Visit www.swedishacademi.se/workshop
or Call us for details:

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