



Registration Form

Name: Date:.....

Postal Address:.....

Best Phone Contact:.....

Email:.....

Do you give permission to be included in photos that may be used for promotional activities in the future? YES NO

I give permission for my email address to be used to receive future information from Sharon about events and activities I may be interested in. YES NO

Signed:.....

Privacy Notice:

All content of discussions and open sharing's at this event will remain confidential at all times.

Disclaimer:

Sharon Hooper makes no claims, promises or guarantees with this work. You are solely responsible for seeing to and/or continuing with your own medical treatment, care and/or healing. Sharon Hooper sessions does not aim to take the place of medical practice, but simply to be a valuable addition to it