

AROMAFLEX ACADEMY

CONFIRMATION OF ACCEPTANCE FOR DIPLOMA IN REFLEXOLOGY

Please Delete as appropriate:

I wish to **accept/decline** the position offered to me in the Diploma in Reflexology Course. I confirm I have read the Enrolment Brochure.

NAME: _____
ADDRESS: _____

TELEPHONE NO: _____ E-MAIL ADDRESS: _____

START DATE OF THE COURSE: _____

SIGNED: _____ DATE: _____

PLEASE RETURN THIS FORM WITHIN 2 WEEKS

If you accept this position offered to you and then find that your circumstances change and you are no longer able to attend please contact us **immediately** so we can offer the position to someone else.

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