BOOKING FORM FOR DAY OF MEDITATION & PRANAYAMA WITH BILLY DOYLE

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| DATE OF SEMINAR: |  |
| NAME: |  |
| EMAIL ADDRESS: |  |
| MOBILE: |  |
| PHONE: |  |
| POSTAL ADDRESS: |  |
| \*PAYMENT: |  |
| \* *Please state whether payment is by cheque or bank transfer.*  *Cheque made payable to* ***W. Doyle*** *and send to: 35 Nassington Road London NW3 2TY*  *Cancellations: no refund within 4 weeks of seminar.* | |

* Please indicate any medical conditions or injuries: