**FORM - APPLICATION**

**Last name, first name, middle name (if any). School of Cosmo Knowledge**

**I ask you to take me into a distance learning group for:**

**a) basic seminar courses online \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**b) an advanced course online \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home address, index \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Education:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What are you interested in our work:**

1. **Energy diagnostics**
2. **Training**
3. **Energetic Therapy (Healing)**

**Where did you find us?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of questionnaire completion: \_\_\_ /\_\_\_\_ /\_\_\_\_**

**Please fill in the form and send it back to us** **info@cosmotherapy.org**