



Registration

YES, I would like to become a member of the European Professional Association of Sound Massage Therapy.

I know that the current annual membership fee is € 49 and that I can cancel my membership

by written notice until 30.09. at the end of the year. You can become a member from the training seminar "Peter Hess®-Klangmassage I".

Personal Data:

First Name, Last Name, Street , Postal code, City and Country

Phone / Fax

E-Mail / Homepage

Profession

Date of birth

Please indicate the Peter Hess-sound massage seminars that you have taken so far:

- Peter Hess®- Sound massage I year _____ in (location) _____ (Instructor) _____
- Peter Hess®- Intensive training year _____ in (location) _____ (Instructor) _____
- Peter Hess®- Advanced seminar "Easy, skilful and safe design of individual sound massage!"
year _____ in (location) _____ (Instructor) _____

Place, date, signature:



Worldwide professional association of Peter Hess®
Sound Massage Practitioners since 1999 and member
of the umbrella organization for free counseling and
health promoting occupations

Direct Debit Mandate

I hereby authorize the International Association of Sound Massage Therapy, Ortheide 29, D-27305 Bruchhausen-Vilsen, for payments from my / our account by direct debit authorization. At the same time, I instruct my credit institution to encash the direct debits drawn by the payment recipient on my account. This mandate is valid until canceled.

Account owner: _____

Bank: _____

IBAN: _____

BIC/SWIFT: _____

Place, date, signature: _____

Please send your registration by mail, fax or scanned email to:

Internationaler Fachverband Klang-Massage-Therapie e.V.
Ortheide 29, D-27305 Bruchhausen-Vilsen, Germany
Tel.: 0049-(0)4252-9389140, Fax: 0049-(0)4252-9389145
Email: info@fachverband-klang.de
Homepage: www.fachverband-klang.de

Bank details:

Kreissparkasse Syke
IBAN: DE43 2915 1700 1510 0410 21, BIC: BRLADE21SYK