

# The Breath of Life

## CONFERENCE AND WORKSHOPS BOOKING FORM



PLEASE USE CAPITAL LETTERS

TITLE..... FIRST NAME..... LAST NAME.....

ADDRESS.....

POSTCODE/ZIP..... COUNTRY.....

TEL..... EMAIL.....

*Please tick relevant boxes:*

Please book me a place for the Breath of Life Conference  
on 28th/29th May 2011 at £235/£265: £.....

Please book me lunch at the Breath of Life Conference  
on May 28th..... 29th May..... at £18 per day: £.....  
*Please indicate: Vegetarian/Non-Vegetarian*

I would like to make a donation towards  
the Breath of Life Conference bursary fund: £.....

Please book me a place on the workshop with  
Bonnie Bainbridge Cohen on May 30th/31st 2011 at £195/£225: £.....

Please book me a place on the workshop with  
Peter Levine on June 1st/2nd 2011 at £195/£225: £.....

Please book me a place on the workshop with  
Dr. James Oschman on June 4th/5th 2011 at £195/£225: £.....

I enclose a cheque payable to: **Breath of Life Conference.** TOTAL £.....  
To pay by bank transfer please contact our administrator for our  
bank details and return this completed form.

*Please send this form together with your payment to:*

**Peter Gill (Conference Administrator), 80 Turner Rd, London E17 3JQ, England**

**Tel: +44-(0)20-8521 0709 Email: [info@breathoflifeconference.co.uk](mailto:info@breathoflifeconference.co.uk)**

**Website: [www.breathoflifeconference.co.uk](http://www.breathoflifeconference.co.uk)**