

Reflexologist Registration for Reflexology Pages

Full Name:

Your Company Name:

Address:

.....

.....

Telephone:

Mobile:

Email:

Website:

Clinic: **Yes/No** (circle what applies to you)

If Yes, please fill in table below with opening hours:

<i>Days</i>	<i>Opening Hours</i>
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Home visits: **Yes/No** (circle what applies to you)

If Yes, please fill in table below:

<i>Days</i>	<i>Times for home visits</i>
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Your Practice

About your company/clinic, where you are based, cost of services etc (use separate cover if necessary):

.....

.....

.....

.....

.....

The Reflexologist:

About you as a reflexologist, your qualification, what you specialise in to benefit the patients etc:
(use separate sheet if necessary)

.....

.....

.....

Any other complementary therapies (i.e. head massage, massage, nutrition etc)

.....
.....
.....
.....
.....
.....
.....

Please enclose a cheque made payable to “**Faculty of Reflexology**” for the sum of £65 with this form, 2 passport photographs and your AOR Membership details etc to:

**Faculty of Reflexology
14-16 Betterton Street
Covent Garden
London WC2H 9AB**

Please allow 7 days turn around time for your details to be added to our website.

Best of Luck

Reflexology Pages

