

# Registration Counselling/Coaching

Swiss Holistic Institute

(please fill in)

Name: \_\_\_\_\_

First name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Road: \_\_\_\_\_

Postal code/  
Town: \_\_\_\_\_

Country: \_\_\_\_\_

Phone : \_\_\_\_\_

Mobile: \_\_\_\_\_

E-Mail-adress: \_\_\_\_\_

Occupation: \_\_\_\_\_

- Counselling/Coaching online
  - Skype
  - Wire (encrypted)

Subject areas ( please cross 1 or several )

■ **Holistic medicine/dentistry\* ( basic information & potential )**

■ **Holistic men's work**

- Holistic Worldview
- Holistic Spirituality
- Holistic approach for Highly Sensitive Person (HSP)
- Holistic Elderhood

\*) For a counseling/coaching in holistic medicine/dentistry it is highly recommended to send a recent panoramic x-ray of the last two months by an encrypted Email account (HIN global) to Swiss Holistic Institute 1 week before the meeting.

By this signature I confirm to recognize the terms according my Homepage - <https://www.swissholisticinstitute.com/online-booking/> - „Counselling on holistic, dental, naturopathic issues“.

Place/Date \_\_\_\_\_ Signature: \_\_\_\_\_