

For Therapeutic Art and Artistic Painting according to the method of Liane Collot d'Herbois

Painting Therapy Training Enrolment Form

	Surname:					
Name						
	First Name	;				
	Date of Birth:					
	Stroot	Street:				
	Su eet.					
Address:	Town/City:					
	State:	Po	stcode:			
Telephone:						
Home						
Mobile						
E-mail:						
L man.						
	For now etue	dents a \$100 payment f	or administration	(non rofund	ablo) will soouro	
Cost:		Please send the payme				
		e dure 3 week's prior to		•	to the price, as this	
Daymant	will depend o	on whether you are stud	dying on-line or or	n-site.		
Payment						
options:	Cheque	On line Paymei	nt Casi	h	(Please Tick)	
	New students: please complete the form and send it together with enrollment					
	New Student	s. picase complete the	Tomi and Scha it i	ogether with	Terrominent rec	
Contact	Name	Sally Martin				
details	Address 32 Nimbus Drive, Flaxton, QLD 4560					
	Phone	+61 (0)4 2459 5908				
	Email	sallymartin.sienna	<u>øgmail.com</u>			