



# Gentle Touch Healing

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## Mailing List

If you wish to go onto our mailing list we will keep you updated on products/services/talks.  
**(All personal information that you supply will be held in strict confidence)**

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### EMAIL MAILING LIST:

YOUR NAME:

EMAIL ADDRESS: .....

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### POSTAL MAILING LIST:

FORENAME: .....

SURNAME: .....

COMPANY: .....  
(if applicable)

POSITION: .....  
(if applicable)

ADDRESS: .....  
.....  
.....

POSTCODE ..... COUNTRY .....

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Please tick below the items that you would be interested in:

**All items list below**

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### Talks/Lectures

Angels	<input type="checkbox"/>	Crystals	<input type="checkbox"/>	Numerology	<input type="checkbox"/>	Other .....
Astrology	<input type="checkbox"/>	Dreams	<input type="checkbox"/>	Psychic Art	<input type="checkbox"/>	.....
Atlantis	<input type="checkbox"/>	Egyptology	<input type="checkbox"/>	Sacred Sites	<input type="checkbox"/>	.....

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Healing Products  Courses  Other .....

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Please send this form to the above-mentioned address