**The 5 Step Open Mind Method of**

**Treating Chronic Fatigue Syndrome**

Please fill in the following details and email back to me on jenny@theopenmindtherapist.com. You can expand the table as you write and go over onto an extra page.

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Telephone: |  |
| Mobile: |  |
| Email: |  |
| Website: |  |
| Therapy/Coaching Orientation: |  |
| Formative Training: |  |
| Time in Practice: |  |

|  |
| --- |
| What would you say is the biggest gap in your therapy or coaching practice? |
|  |
| What are you looking for in this CFS training event? |
|  |
| If you were to write a testimonial now to give me an idea of what you would like to be able to say about the course at the end, what would you write? |
|  |

Please email me this form on jenny@theopenmindtherapist.com.

You can pay by going back to the page http://www.theopenmindtherapist.com/the-open-mind-method-for-treating-cfs/. Or if you prefer I'll email you my bank details or postal address if you'd rather pay in an alternative way.