**Refresher Course NDT Bobath 2020 (English)**Affoltern am Albis, Switzerland

7th – 9th February 2020, 6th – 7th March 2020

**Registration form**

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| --- | --- |
| **Last name, first name** |  |
| **Date of birth** |  |
| **Profession** |  |
| **Private address** |  |
| **Employer (Name and address)** |  |
| **Phone number business** |  |
| **Mobile number** |  |
| **Email address** |  |

Date, place and name of Bobath Tutors of the NDT Bobath basic course (children/youth). Please enclose a copy of the certificate.

I would be interested to register one of my patient:  Yes  No

I acknowledge that an average understanding of English is necessary for participation to the course.

I need a translation in  German  French

I hereby confirm that I have read and agree to the conditions in the course announcement.

Date:       Signature: ……………………………………………......

**Enclosures:**

Copy of the NDT Bobath basic course (children/youth) certificate.

To be able to reserve you a place, please send us the completed document including enclosures at latest by **16th December 2019** to the following address SAKENT-ASEND, Bahnhofstrasse 7b, 6210 Sursee or by e-mail to office@sakent-asend.ch.