

Workshop on NADA Ear Acupuncture for Addiction treatment & Wellbeing Organized

BY Nada India

Registration Form

Name _____

First name (In capital)

Middle name

Last name

Date of birth _____ Gender _____

Contact Address (Mailing address)

Telephone _____ Mob. _____ Email: _____
website _____

Qualification _____ Previous Experience or training in acupuncture _____

Name of Organisation/Institution & mailing address _____

Telephone _____ Mobile _____

Email _____ Website _____

Current Position/title _____ Working in the Organisation since _____

Briefly describe the nature of your work and problems/challenges faced during service delivery.

Briefly describe how you expect this training to contribute to your work

I also want to join **Indian Association of Acupuncture Detoxification Specialists (IAADS)** as A) Member One year /three years/life B) Associate member (Please tick one) and abide by the rules and regulations of the **IAADS**.

Signature _____ Date _____

Note: Please attach one passport size photo or digital picture.

