



Therapy Course - Registration Form

Please fill in the form and fax it to: +972 8 6300113

Date of the course you wish to book: ____/____/____

Name of applicant (first, last): _____

Date of birth: ____/____/____

Occupation: _____

Address: _____

City/State/Zip: _____

County, Postal Code, Country: _____

Fax Number: _____

E-mail: _____

Deposit for the course, 100 Euro, must be paid with this registration form.
The other part is due at the beginning of the course.

I agree to charge my credit card with these following details:

Visa Master Card Diners American Express

Number of card: _____

Validity: ____/____

Identity card/ passport no: _____

Sum of payment: _____ Euro.

Signature: _____

* Booking will be valid only after receipt of form with all details and signature. *

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