

## DCA-Therapist – Correspondence course Application form

**Hereby I request the training manual to participate in the DCA correspondence course to become a DCA-therapist.**

Forename:	Surname:
Street:	City:
Postal Code:	Country:
Phone:	Mobile:
Email:	Internet:
Place, date:	Signature:

### General conditions

With your signature above you confirm confidential handling of the training manual. It is neither allowed to pass the manual to a third party nor to copy or publish the manual or parts of it. We can track back each manual and pursue legally any misuse.

***Please send this form signed via fax, mail or email (scanned with your signature) to our contact address below.***

### Course fee is 170,- in the EU and 180,- for all other countries.

Please transfer with your application the fee of the correspondence course to one of our bank accounts. Easiest way is PayPal with our email-address: [zahlungen@immunvitamin.de](mailto:zahlungen@immunvitamin.de) In European countries you can otherwise use the EU-bank transfer to our German account:

Account name: Radim Vlcek  
 IBAN: DE69711221830313505570  
 Swift (BIC): HYVEDEMM457  
 Refer to: DCA-F course - „Your name“

After having received your application form and the full payment, we immediately send the training manual to your postal address. Having completed the training in your own time, you become a fully licensed DCA-therapist. The training includes the option of an over-the-phone support in one session limited to 30 minutes (you phone us, 1 year valid after start of course).

***We welcome you and wish you a gripping study!***