

1- Please tell us what health condition or disorder you need support with :

2- Do you want support for coping with a family member's condition or for yourself ?.....
.....
.....

Specify relation if for a family member :

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> Partner | <input type="checkbox"/> Parents |
| <input type="checkbox"/> Children | <input type="checkbox"/> Others : |

3- Would you prefer :

- a social setting only, with light refreshments and the opportunity to mingle informally ?
- a formal structured program with brief presentation on relevant topics followed by moderated discussions?
- both ?

4- What time of the day suits you best ?

- late morning
- Post lunch
- Evening
- Late evening

5- Would you rather pay :

- Per session fee
- Per workshop fee including all sessions
- Annual Membership for all workshops and classes @ Body with Soul

6- Please let us know the specialist areas you are currently using at Body with Soul :

7- How frequently would you like the group to meet ?

- Weekly
- Fortnightly
- Monthly
- Quarterly

I wish to be contacted for the upcoming session, please email me @: