

Almut Althaus
Fohlenäckerweg 33

D - 34130 Kassel

Registration Courses 2026

Please fill in this registration form, sign and send via email (to reduce paper, pdf attachments are welcome).

Registrations are only accepted in writing!!!

- Course 1:** I am registering for the following advanced course: 01.10. – 04.10.2026
- Course 2:** I am registering for the following advanced course: 08.10. – 11.10.2026
- Course 3:** I am registering for the following advanced course: 29.10. – 01.11.2026
- Course 4:** I am registering for the following advanced course: 05.11. – 08.11.2026

The classes in October 2026 take place in Badenweiler, D, the first class in November 2026 takes place in Haus Ebersberg, D, the second class in November takes place in Hotel Sonnenberg, Schwellbrunn, CH

Last name		First name	
Address			
Country	CIP Code	Town	
Phone	Mobile	Email	
Profession	Homepage	Birth Date	<input type="radio"/> male <input type="radio"/> female

First time students in a Michael Shea class need to contact the course manager for an interview. Please send an **up-to-date photo** (jpg) of yourself prior to the interview.

To keep the tuition costs as low as possible we ask those students who own a foldable treatment table and come by car to bring this table along. I can bring my treatment table (including sheet, blanket, cushions - reduction Euro 20,00)

Please indicate which means of payment you prefer: (we will send details in advance)

- I prefer to pay in cash at the beginning of the course.
- I prefer to pay via credit card 30 days prior to the beginning of class.

At Haus Ebersberg, I want to reserve

- single room
- double room with: _____
- single room without bathroom

At Hotel Sonnenberg, I want to reserve lunches on Friday and Saturday (CHF 60,00)

- yes no

After your registration you will receive an acceptance letter and some time before the course starts further information on the class. I agree to all stated enrollment conditions on the flyer as well as in the "Terms and Conditions" document on our [website](#).

Date	Place	Signature
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