



Life in Balance

## Registration Form

(Please fill out the registration and send it by fax to +43 1 00000-00.)

Event: Open House

When: October 10, 2010, 2:00-8:00 PM

Where: "Life in Balance" Therapy Center  
1230 Vienna, Erlaaer Strasse

Participant: .....

Address: .....

Phone: .....

E-Mail: .....

☐ Yes, I would like to be informed about future events and services of "Life in Balance".

Date: .....

Signature: .....

### About the event:

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