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**RECONNECTIVE HEALING® SESSION AT THE OFFICE OR ONLINE.**

Name: \_\_\_\_\_

Surname : \_\_\_\_\_

Birthdate : \_\_\_\_\_

Phone number : \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

Email : \_\_\_\_\_

How did you know me : \_\_\_\_\_

\_\_\_\_\_

**CAUTION**

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**Signature and date.**

*Pascale Chavanne*  
Thérapeute de Vie