Consultant



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200 HOURS YOGA TEACHERS TRAINING COURSE - APPLICATION FORM

(first)	(last)
() Male	() Female
(H)	(Mobile)
	(please state if member of Real Yoga)
een practicing yoga?	
bout this course?	
ion from this course?	
	() Male () Male (H) een practicing yoga?

Course Registration (please tick) Bali - 24th April 2019 to 9th May 2019 ſ 1 **ROOM PREFERENCE (16 nights)** (please tick)) Twin-Sharing) Single occupancy ((Please state the name of the person you (single occupancy top-up \$800) are sharing with (if known) Singapore - 2nd August 2019 to 8th September 2019 ſ 1 Please complete and submit your application at our reception counter, or email your application to vttc@realvoga.com.sq. We will confirm your registration by return email. Payment can be made at our reception counter, or by telegraphic transfer to the following bank accounts (for overseas students only) :-Bank: OCBC Bank Swift Code: OCBCSGSG Account Name: Real Yoga Pte Ltd Account Number: 508-844230-0001 PERSONAL DATA PROTECTION ACT (PDPD) CONSENT Real Yoga is committed to ensure the appropriate handling and protection of your personal data and privacy in accordance with the Singapore's Personal Data Protection Act 2012 Therefore: 1. I consent to my personal data being collected, used and retained by Real Yoga (i) For the purpose of processing, administering and managing my application To be contacted by Real Yoga via email, text messages, fax and/or post for matters relating to latest (ii) events and activities, discounts, promotions, special offers, contest/lucky draw campaigns, news, announcements 2. For any enquiries on personal data protection matters, please email to pdpc@realyoga.com.sg Signature: Release of Liability I understand that Yoga based Techniques are offered by Real Yoga Pte Ltd and jointly in connection with YTTC. I am taking this program course on my own free will. I release Real Yoga and Yoga and Kaivalyadham Yoga Institute India and the individuals associated with, from any and all liabilities related to this course. INTERNAL (to be completed by Consultant only)

Payment:

Acknowledge: _____

Amount Received: _____ Mode: ____