International Association of Sound Massage Therapy e.V.
Dorfstraße 7
D-27333 Schweringen

Certificate of participation in the “Peter Hess® Sound Massage Refresh Course”

Please check the appropriate box:

◯ **Certified Peter Hess® Sound Massage Practitioner**

◯ **Certification Peter Hess® Sound Massage Practice**

_____ _____
Name, First name Zip Code, place of residence

Has on_____ in _____

participated in the course / seminar:

_____

_____
Signature of course management

Please send us this signed certificate for certification renewal by post or e-mail to:

International Association of Sound Massage Therapy e.V., Dorfstraße 7, D-27333 Schweringen
E-Mail: zertifizierung@fachverband-klang.de · Phone: +49 (0) 4257-9830062