



The Healing Trust
FOLLOW-UP FORM

Date:		Venue/Event:			
Have you been a member of The Healing Trust?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Would you like us to contact you about future events?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Name:					
Telephone/Mobile Number:					
Email:					
The Healing Trust takes your privacy seriously. We will only use your personal information to administer the services you have requested from us. We will never sell your data and promise to keep your details safe and secure					



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