



Dream Interpretation Workshop

Dreams are the cheat notes to life but only if you know what to do with them and how to use them for your own growth, development and understanding in your life.

In this special course you will learn:

- about the different types of dreams
- how to access them more easily and frequently with greater recall, clarity and details
- how to specifically interpret them in relation to your life and for others
- how to use them for healing and for manifesting
- how to use them for problem solving
- how to build better relationships and/or attract a partner into your life
- how to use them to expand your meditations
- how they interact with your subconscious *and much more.*

Discover a whole new world while you sleep and **“START DREAMING”**

When: Sun 6th & Sun 20th November, 2011

Time: 9.00am – 4.00pm (both days)

Where: WESTS Ashfield Leagues Club
115 Liverpool Road, Ashfield NSW 2131
(parking is available and is on public transport lines)

EARLYBIRD \$395.00
Full payment before 30th September, 11

Standard Registration Cost: \$460.00

Registration closes: 21st October, 11

Included: Dream Manual, Dream Journal and Meditation CD

Places are limited to 15 people to ensure a high quality of learning and personalised attention.

Please complete the attached form with your payment.

Please post your registration form to:

**Accelerated Healing and post to
P.O. Box 1673, Rozelle NSW 2039**

**For any enquiries please contact
Lydia Deukmedjian on
02 9560 1728, 0410 327 665 or
lydia@acceleratedhealing.com.au**



Registration for the Dreaming Interpretation Workshop

Name: _____

Address: _____

Home Ph: _____ Work Ph: _____

Mobile: _____

Email: _____

Payment details: I enclose the amount of \$ _____ as part payment as full payment
and I accept that a non refundable fee of \$100.00 will apply if I cancel after 28th Oct, 11.

Payment method:

Cheques **Money Orders** Please make cheques payable to Accelerated Healing

Credit Card Visa Mastercard includes the .15% surcharge for credit card payment

Card No. _____ / _____ / _____ / _____ Exp _____ / _____ CCV _____

EFT

Direct Transfer to: Accelerated Healing at Teachers Credit Union **BSB: 802 194 Account No.: 40698**

Date Transferred: _____ / _____ / _____ Your Reference*: _____ Your Rec. No: _____

**Your reference should be your name so that it identifies your payment, to ensure your enrolment and receipt.

Signature: _____ Date: _____ / _____ / _____