

Contact Form



First name, family name: _____

Date of birth: _____

Street name, house number: _____

ZIP code, city: _____

Country: _____

Mobile phone: _____

Email address: _____

Profession: _____

Medication, hospital stays, physical limitations, other important information:

The participant understands that Gopal Norbert Klein is no doctor and no psychotherapist and does this work as a life coach. This work of Gopal Norbert Klein serves only for activation of self healing forces and does not replace diagnosis or treatment by doctor, psychotherapist or non-medical practitioner (German Heilpraktiker).

The participant takes part on his own responsibility and is responsible for his behaviour during sessions or workshops and possible effects afterwards.

country, city, date, signature