

Contact Form



First name, family name: _____

Date of birth: _____

Street name, house number: _____

ZIP code, city: _____

Country: _____

Mobile phone: _____

Email address: _____

Found: _____

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. The participant takes part on his own responsibility and is responsible for his behaviour during the workshop and possible effects afterwards.

country, city, date, signature