

Withdrawal sample form

If you want to withdraw from the contract, please fill out this form and send it back.

To:

Institut für EEG-Neurofeedback

Landsberger Str. 367

80687 München

Fax: 0321 2103 562

Email: info@neurofeedback-info.de

I/We (*) hereby revoke my/our (*) contract for the provision of the following service/training:

.....
.....
.....

Booked on (date):

Full name of customer:

Address of customer:

.....

.....

Signature of customer:

Date:

(*) Delete as applicable.