**APPLICATION**

**of participation in seminar of dr. K. Schneider:**

**"Life-affirming anxiety, existential-integrative therapy and the revitalization of humanity"**

**Name:**

**Surname:**

**Profession:**

**Email:**

**Application payment date:**

(the date of transfer through the bank; if the payment is from another person, also information of the paying person or company)

Please send your application to email: [info@existentialtherapy.eu](mailto:info@existentialtherapy.eu)