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**Application form – Yoga and Meditation for Educators**

| **Name and surname** |  |
| --- | --- |
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| **Unit / Department at home Institution** |  |
| **E-mail** |  |
| **Telephone** |  |
| **Address / City / Postcode** |  |
| * **Level of Yoga** |  |
| **Date Course** |  |

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