** Foundations of Therapeutic Touch®   
 12 hr Workshop Registration Form**

**Facilitator: FLORA HARTLEIB, RP, RT**

* Member of the Therapeutic Touch® Network of Ontario (TTNO) – Our Provincial Association
* Member of the TTNO Teacher’s Collective
* Recognized TTNO Therapeutic Touch Practitioner (RP)
* Recognized TTNO Therapeutic Touch Teacher (RT)
* Windsor-Essex Branch (WE-TTNO) Meeting Facilitator / Leader

**2025 Fall Dates: Friday, Oct. 24**– 6 to 9 pm, & **Saturday, Oct. 25** – 8:30 to 4:30 pm

**Location**: Solidarity Tower, 8888 Riverside Dr. E Windsor, ON – in the Party room. Someone will meet you at the entrance and direct you to the second floor. Please park in the Solidarity Parking lot or if parking is not available park across the street which has a 2 hour limit…you will have to move your car. This can be done at the Break.

**Cost**: **$150**. This includes handouts, refreshments, and the first-year membership to our provincial organization, the TTNO (a $32.50 &HST free gift from Flora for attending)

**Payment Method**: Cash, or cheque made payable to Flora Hartleib

**Minimum Numbers Required**: 6 participants

**Other:** Please wear comfortable clothes. Bring your own lunch (there is a microwave to warm things up. Refreshments will be provided on Saturday, as well as for breaks.   
Suggestion: Bring your own water bottle, and lunch for Saturday.

**This workshop is designed to introduce the participant to the history, theory, concepts and the practice of Therapeutic Touch, as developed by Dolores Krieger RN PHD and Dora Kunz.**

**The participant will experience through lecture, demonstration and supervised practice of**

**a Therapeutic Touch session. For completion of the certificate, the participants will also complete approximately 2-hours of required reading following the workshop.**

**REGISTRATION DEADLINE: Oct. 17, 2025** (Please send email of your intention to attend)

Please print, complete and email registration to me at [theteagranny@hotmail.com](mailto:theteagranny@hotmail.com); or in the email send all the details listed below. Have questions? – be sure to send Flora your phone number along with them.

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **E-Mail**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone**: **Cell#**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Home or Work#:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate below by a **Yes or NO** giving Flora permission to share your information with members of the group and for any future offerings:

\_\_\_\_\_ Permission to make up a list of registrants for sharing

\_\_\_\_\_ Permission to have your photo used by Flora Hartleib and the WE-TTNO   
\_\_\_\_\_ Permission to contact you regarding my future classes and other offerings

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***This information will not be shared with anyone else without your permission.***