



INSTITUTE OF PROFESSIONAL COLON HYDROTHERAPY

LEADING THE WAY IN THE TRAINING & PRACTICE OF COLON HYDROTHERAPY

I give consent for IPCH (The Institute of Professional Colon Hydrotherapy) to share with ARCH (The Association of Registered Colon Hydrotherapists) any or all of the personal or professional information that I have provided to IPCH for the purpose of my training. In particular this may be used by ARCH in processing my Student Membership of the organisation.

I consent to my clinic details to be listed on the IPCH Website (tick box):

YES NO

Signed:

Print name:

Date: