

The NeuroAffective Touch® Institute Session Log

Personal Sessions | Case Consultations | Study Groups

Your Name _____ *please print* Email _____ Date Submitted _____

DATE	SESSION TYPE — <i>Circle One</i>	DURATION	PROVIDER — <i>Please Print</i>	SIGNATURE
	Personal Session Individual Consult Group Consult Study Group - live streamed recorded*			
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Mail original logs to The NATouch® Institute, 212 26th Street #145, Santa Monica, CA 90402. Please keep a copy for your records. Address questions to victor@neuroaffectivetouch.com

* If you are pursuing certification and attend a Study Group via livestream or recording, a 500 word personal reflection on your experience is required