



National Association of Massage and Manipulative Therapists

Name Member No.

Annual period from to

Courses, Workshops and Seminars

Title of event

Date of event:

Venue:

Hours of CPD accredited:

How was your knowledge base influenced by the event?
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How was your skills base influenced by the event?

How will your practice incorporate the new learning?
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Has the event identified further development you wish to explore?
