*Elizabeth Margaret Godson*
EFT International Certified Practitioner

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**Consultation & EFT Appointment Request**

Client Name: _____

Address: _____

City: _____ Prov/State: _____ Postal/Zip Code: _____

Country: _____ Work Ph: _____ Home Ph: _____

Cell: _____ Email: _____

**Preference for Session Contact:**

◯ Cell Phone ◯ Home Phone ◯ Work Phone ◯ Zoom Call

**Requested Time:** Enter three possible options you have available for your session.
(Note: please convert your time to EST time (Toronto, Canada) and enter below.)

| | Date | Time | |
|---|---|---|---|
| Preferred date/time: | _____ | _____ | EST |
| Alternative: | _____ | _____ | EST |
| Alternative: | _____ | _____ | EST |

**Area of Study Request:** Please briefly describe any particular area of study you would like to discuss during your 60 minute session.

_____

_____

_____

_____

**Fee Payment:** $125.00 CDN per hour. Fee is due at time of Appointment Confirmation