**20 YEARS OF ESPA**

**Spas and Health Resorts 2025**

**20th Annual ESPA Congress, 19-22 MAY 2015,**

**Sofitel Grand Sopot, Sopot**

***REGISTRATION FORM- TREATMENTS***

***Good practice in Sopot***

|  |  |  |
| --- | --- | --- |
| **Name** |  | |
| **Surname** |  | |
| **Organization** |  | |
| **Agreement** | **Yes** □  I certify that I have read the description of the individual treatments listed in the table. | |
| **Type of treatment** | **Time** | **Yes, I am interested** |
| **Rehabilitation swimming pool** | 30 minutes | □ |
| **Cryogenic chamber**  **+** **exercising in the gym** | 2-3 minutes  30 minutes | □ |
| **Infrared sauna** | 30 minutes | □ |
| **Physical therapy** | 45 minutes | □ |
| **Scotch douche** | 5 minutes | □ |
| **Classical massage** | 10 minutes | □ |
| **Massage waterbed** | 10 minutes | □ |
| **Aromatic bath** | 15-20 minutes | □ |

**Place of the treatments- Balneological Department, ul. Grunwaldzka 1-3, Sopot**

**Filled forms should be sent to the email address of the SGU RP office:** [**espasopot2015@sgurp.pl**](mailto:espasopot2015@sgurp.pl) **or fax: +48 18 477 74 51**