

Please print this form and send it with your deposit/full payment to:

Irene Lambert, 37 Woodlands Way, Melbourne, Derby DE73 8DR.

First Name

Surname

Address

Post Code

Business Tel

Home Tel

E-Mail address

Present occupation or main activity during the day

Which workshop/course do you want to enrol for? (*Location & Start Date*)

Where did you hear of this course?

Reason for wishing to take this course? (*Personal development, improved health, CPD etc.....*)

I am in good health. Yes/No – If you answered No, supply details of serious conditions.

I ENCLOSE:

Cheques to be made payable to - Irene Lambert

Deposit of £* _____ OR the full fee of £* _____

*Deposit of £50 secures your place on a workshop/course.
Places cannot be secured until your deposit has been received.*

Please note: Balance payable (at least 3 weeks* before commencement of the course, for any discounts).

Signed _____

Date _____

Willow Natural Therapy Clinic

01332 863290

www.willowtherapy.co.uk