

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

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

First Name _____ *as you wish it to appear on your certificate*

Surname _____

Address _____

Post Code _____

Business Tel _____

Home Tel _____

E-Mail address _____

Present occupation or main activity during the day _____

Which workshops/courses do you want to enrol for? (*Location & Start Date*) _____

Where did you hear of this course? _____

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

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

I ENCLOSE: _____ **or have paid, in full, through PayPal on** __/__/20__

Cheques: to be made payable to - Irene Lambert

£ _____ full payment* /Deposit*(50%)

- *Places cannot be secured until your fee/deposit has been received.*

***Please note: For any discounted fee the total amount is payable in full, in advance.**

Signed _____

Date _____