

COMBINED THERAPY CENTRES

Course Application Form



APPLICANT INFORMATION

Please use BLOCK CAPITALS

Last Name	First Name	Date of Birth
Address		
City	State	Post Code
Contact No.	E-mail Address	

EMERGENCY CONTACT INFORMATION

Name	Contact No.	Relationship
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EMPLOYMENT

Occupation	Current Employer
Contact No.	E-mail Address

COURSES

Please tick the appropriate box for the course(s) you wish to apply for

Acupuncture	Foundation Course	13 th -15 th May and 24 th -26 th June 2011	£550	<input type="checkbox"/>
		21 st -23 rd Oct and 9 th -11 th Dec 2011	£550	<input type="checkbox"/>

I would also like to book 1 / 2 / 3 / No other people onto the seminar

Name	Contact no	Email Address
1.		
2.		
3.		

PAYMENT DETAILS

Number of Attendees		Total Amount Payable	£
Please return this application form with a cheque made payable to CTC Physiotherapy Ltd to Gemma Heath at CTC Physiotherapy Ltd, 7 Mallard court, Mallard way, Crewe Business Park, Crewe, Cheshire, CW1 6ZQ			
Do you wish to be contacted via email (or other) with information on future courses and other advertisements?			YES <input type="checkbox"/> NO <input type="checkbox"/>

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

Signature	Date
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