

COMBINED THERAPY CENTRES

Workshop Booking Form

ATTENDEE INFORMATION		
<i>Please use BLOCK CAPITALS</i>		
Last Name	First Name	Date of Birth
Address		
City	State	Post Code
Contact No.	E-mail Address	

EMERGENCY CONTACT INFORMATION		
Name	Contact No.	Relationship

EMPLOYMENT		
Company	Position	Director/Manager
Contact No.	E-mail Address	

WORKSHOP				
<i>Please tick the appropriate box for the course(s) you wish to apply for</i>				
Stress Management Workshop	Wednesday 7 th July 2010	£60	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I would also like to book <u>1 / 2 / 3 / No</u> 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 seminars 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