West Shires School of Complementary Health

Workshops Booking Form

|  |  |
| --- | --- |
| Name: |  |
| Address including postcode |  |
| Telephone Number: | Daytime:Evening:Mobile: |
| Email: |  |
| Workshop Title: |  |
| Date/s of Workshop |  |
| Any Special Learning or Health Requirements |  |
| Please print clearly the name you would like on your Certificate of Attendance |  |
| Cost of Worksop |  |  Deposit paid |  |

Payment by cash or cheque – payable to C E Hodgson

Or payable by BACS : 20-18-54 33637530 Ref:(name)

College administration

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Deposit Paid:  | Cash | Cheque | BACS |  | Receipt:By postOn File |
| Date |  | Balance Due: |
|  |  | Paid Receipt  |

Certificate details to workshop provider