West Shires School of Complementary Health

Workshops Booking Form

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| --- | --- | --- | --- |
| 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 post  On File |
| Date |  | | | | Balance Due: |
|  |  | | | | Paid Receipt |

Certificate details to workshop provider