Surname (Mr, Mrs, Miss, Ms)

***Hot Stone Reflexology***

***CPD Booking Form***

Forename(s)

Date of Birth:

Address:

Tel (day) (eve) Email:

Relevant qualifications and experience

How did you find out about the course?

|  |  |  |
| --- | --- | --- |
|  | **Course** | **Total course fee** |
|  | Hot Stone Reflexology CPD - Cheltenham | £95 |

I wish to attend the course dated:

* I have made a bank transfer of £95 to the account below
* I enclose a cheque (made payable to Sole Therapies Ltd) for £95

*(please delete as appropriate)*

I understand that the fee will only be refunded with 14 days notice prior to the start of the course.

Signed: Date:

Please return to: Bank details:-

Sole Therapies Ltd Natwest Bank

40 Albert Place Acc No: 19539681

Cheltenham, GL52 2JX Sort code: 60-05-16