

Workshop Registration Form

Name _____

Date of birth _____ Sex - M / F _____

Address _____

Phone number _____ Mobile number _____

Email address _____

Workshop registering for _____

Dates of Workshop _____

Have you attended a course at the Centre For Relationships before - Y / N

Name of Workshop(s) attended _____

Special requirements / needs _____

Where did you hear about us _____

I enclose a deposit of 50% of course fee (*Cheque made payable to Centre For Relationships*)

Signature & Date _____

Please return to - Centre For Relationships, Rose Cottage, Drinkstone Road, Gedding,
Bury St Edmunds, Suffolk IP30 0QE

Upon receipt of your booking and payment you will be sent a receipt to confirm your place on the group and that your payment has been received.

Please check workshop times and dates at time of booking.

Full payment must be made prior to workshop commencement.

Please note that the Centre reserves the right to cancel courses, revise course dates, fees and substitute trainers as necessary.