



Booking Form

Workshop Name: _____

Workshop Date: _____

Name: _____

Address: _____

Postcode: _____

Tel: _____

Email address: _____

Participant Details

Please book _____ places for me at £75 each on the above course. The names of those attending will be:

Payment Method

I enclose a cheque for £_____ made payable to "Intouch Advanced Therapies". Please complete this form and return it with your payment to:

Jill Maden
2/2, 218 Rotherwood Avenue
Glasgow, G13 2AZ