

APPLICATION FORM

Please be advised that places are filled on a first come first served basis. To avoid disappointment please ring 07956-378526 or email sonia@drbobkhanna.com to confirm space availability for course dates. Joining instructions for courses will be spent out approximately 3 weeks before start date.

| Course Title | Course Date | Course Fee |
|--------------|-------------|------------|
| | | |
| | | |
| | | |
| | | Total £ |

Attendees Details

Title: _____ Full Name: _____

Address _____

Postcode: _____ Telephone: _____

Mobile: _____ GDC No: _____

IAAFA Membership No: _____ Email: _____

Payment Method

Cheque I enclose a cheque made payable to Dr Bob Courses Ltd for _____ £

Credit Please debit my Visa Switch/Maestro Mastercard £ _____

Card No _____/_____/_____/_____

Valid From ____/____/____ Expiry ____/____/____ Issue No (If applicable) ____

Security Code (last 3 digits at the back of the card) _____

Signed _____ Date _____

Please return this form together with your payment to:

Dr Bob Courses Ltd, 3 Warren Row, Ascot, Berkshire SL5 8HN. Alternatively if you wish to book with a credit card over the phone please ring Sonia Pal on (07956-378526)

Cancellation Policy Cancellations must be received in writing 21 days prior to the course. A refund of 90% of the booking rate will be made. After this date, no refunds will be given under any circumstances.