

Seminar/Workshop Application Form



Please complete in BLOCK CAPITALS and return with payment

Participant Name Mr / Mrs / Miss / Ms _____

Date of Birth _____

Home Telephone _____ Mobile / Work Tel _____

Address _____

_____ Post Code _____

Email Address _____

Course Title _____

Course Code _____ IOS Number _____

Course Start Date _____ Cheque Enclosed For £ _____

Please state any Health/Medical or Learning needs of which the Course Tutor should be made aware of

Please Note courses may be cancelled if there are insufficient enrolments.

I agree to abide by the General Rules and Conditions for the use of the Centre.

I understand that I partake at my own risk.

Course fees may be refunded only in the event of illness/injury. (Doctors Certificate must be provided)

I agree to give my consent for an ASA photographer to take the photograph of those stated above for marketing purposes. (please tick here if you do not agree to have photographs taken)

Signed _____ Date _____

Cheques made payable to IOS

Cheques should not be post dated

Course Ref number, Cheque card guarantee number, issue number, expiry date and full address to be written on reverse of the Cheque

Postal Applications to be sent to:

Jenny Norvill, Education Officer

ASA South East Region

Bisham Abbey National Sports centre

Near Marlow, Bucks, SL71RT

Please do not send cash in the post.

Postal Applications will only be accepted with correct payment by cheque.

OFFICE USE ONLY		
Total Fee Received	£ _____	Date Confirmation Sent _____ Processed by _____
Method of Payment	<input type="checkbox"/> Cash <input type="checkbox"/> Card <input type="checkbox"/> Cheque	