

# Course Application Form

Please print all details

<b>Course Title: How To Do Constraint Induced Movement Therapy (CIMT)</b>	
<b>Ref: N/12/NA7/05/London</b>	<b>Cost: £206.40 (£172.00 + VAT £34.40)</b>
<b>Start Date: 22 May 2012</b>	
<b>Location: Chelsea and Westminster Hospital, Post Grad Lecture Theatre, 369 Fulham Road, SW10 9NH</b>	
<b>Duration of Course: 1 days</b>	

Title: ..... Surname: .....

Forename:..... [Known as.....]

Contact Address: .....

.....Post code.....

Tel No:.....Fax:.....

Email: [work].....[personal].....

Area of Work: .....

Accommodation information required: YES/NO

Please advise of any relevant Dietary Requirements or Sensory Impairments:

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1. If you are paying for the course yourself, please tick 2. If your Trust / Company is paying, please confirm funding has been agreed Name of authorising manager: .....

Finance Dept Address:.....

.....

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..... Phone No .....

Official Purchase Order Number from Finance Department.....

Fax or copy and post this application form to Harrison Training immediately, this will confirm your booking and an invoice will be issued to the details given above. Remittance advice should state delegate name, course ref and invoice number.

### 3. Cancellation policy

Refunds (less 20% administration charge) will be made for all delegate cancellations received in writing by Harrison Training no later than fourteen days prior to the event, between Thirteen and eight days a charge of 50% of total invoice value will be made. No refunds will be made for cancellations received less than seven days prior to the event. Harrison Training does not accept liability for costs incurred by delegates for travel, accommodation, etc. in the event of postponement /cancellation by Harrison Training.

I agree to the terms and conditions above:      Signature .....

Booking forms and payment should be sent to: Harrison Training, The Old Brewery, Newtown, Bradford-on-Avon, BA15 1NF Tel: 01225 309333 Fax: 01225 868721