

REGISTRATION FORM

Name of Course(s) -----

SECTION 1: GENERAL INFORMATION

Title:

Forename:

Surname:

Organisation:

Address:

Telephone (inc STD Code)

E-mail Address:

SECTION 2: COURSE REGISTRATION- fees include all course materials, morning coffee, afternoon tea and lunch.

Please tick if you require a vegetarian lunch

Please state if you have any special dietary requirements

SECTION 3: YOUR PAYMENT

I enclose a cheque for -----Payable to Stepping Stones LTD

I require an invoice

I require a receipt for the above payment (Please include SAE)

CANCELLATION POLICY

All cancellations must be notified in writing. Cancellations prior to two weeks before the course will be refunded subject to a 10% administration fee. Cancellation after this date - full course fee applies. Please return with payment to: Training Office, Stepping Stones (Child Therapy Consultants) LTD, 4 Richmond Road, Cardiff, CF24 3AS. Queries and Questions to Lisa Waycott on 07879 413212 Or info@steppingstonestherapy.co.uk