



## Course Application Form

FULL NAME and TITLE (please print).....

ADDRESS .....

.....

..... POSTCODE.....

PHONE NUMBER..... MOBILE.....

EMAIL.....

How did you hear about this course?.....

If you are still a student, which college are you studying at?.....

.....

If you are a practitioner, from which college was your licentiate obtained?.....

.....

Year of graduation.....Number of years in practice.....

To secure your place, please enclose a deposit of £150 which is non-refundable. The remaining balance of £1545 is payable at the first session in October. Cheques should be made payable to C. Head. It is also possible to pay by credit or debit card. Anyone wishing to use this facility please ring Christina Head on 01737 762497.

Please return this form along with your deposit to **ADVENTURES IN MEDICINE, PO Box 141, Reigate, Surrey RH2 9YT**

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