



The Sherwood Institute

Nottingham

Mental Health Workshops 2010

BOOKING FORM

Please reserve me a place on the following workshop

25th-29th August 2010

NAME: _____

ADDRESS: _____

POST CODE: _____

TEL No: _____

EMAIL ADDRESS: _____

FEES: PLEASE NOTE TO SECURE YOUR PLACE ALL FEES MUST BE PAID PRIOR TO THE WORKSHOP – PLEASE MAKE CHEQUES PAYABLE TO SC&P. THE FULL COST OF THE WORKSHOP IS **£280.00**

I enclose a non-refundable deposit of £100.00

Invoice my employers (amount) £ _____

PLEASE COMPLETE THE FORM OVERLEAF WITH FULL PAYMENT DETAILS OF YOUR EMPLOYER/SPONSOR WHO WILL BE RESPONSIBLE FOR PAYMENT OF FEES.

For more information contact Polina Frimerman at:

The Sherwood Psychotherapy Training Institute
Thiskney House
2 St James Terrace
Nottingham
NG1 6FW

Telephone: +44 (0) 115 844 7904

Fax: +44 (0) 115 924 2738

E-mail: enquiries@spti.net • Website: www.spti.net

This form must be completed if your employer/sponsor will be responsible for payment of fees.

Name of applicant: _____

Title of workshop: _____

Cost of workshop: _____

Person authorizing payment:

Name: _____

Position: _____ Tel No: _____

Signature: _____

Please give invoice details:

NAME: _____

Company Name: _____

ADDRESS: _____

_____ POST CODE: _____

TEL No: _____

EMAIL ADDRESS: _____

RETURN TO:

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