

ISECCA WORKSHOP BOOKING FORM

Please reserve a place on the ISECCA Workshop below:

Workshop Location

Workshop Date

First Name.....

Last Name.....

Home Address.....

.....**Post Code**:.....

Phone Number:.....

Fax Number:.....

e-mail Address:.....

Organisation Name/Address.....

.....**Post Code**:.....

Job Title.....

BEFORE ATTENDING THE WORKSHOP, ARE THERE ANY SPECIFIC REQUIREMENTS OR NEEDS THAT YOU WOULD LIKE US TO KNOW ABOUT?

Please post/e-mail/fax/this booking form to:

**The ISECCA Programme
The Surgery
Station Road
Verwood
Dorset BH31 7PY
Tel/Fax: 01202 826580
E-Mail: info@isecca.org.uk**

Please forward a 20% deposit when returning the Booking Form. All cheques to be made payable to THE ISECCA PROGRAMME. Thank you.

Please note: Cancellation within 14 days of the workshop will be charged at the full workshop rate.