

The Place for Movement and Health

16 Old Priory Close

HAMBLE

SO31 4PD

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| COURSE / WORKSHOP :  |  |   |  |  |

|  |
| --- |
| DATE: |
|  |

|  |  |
| --- | --- |
| YOUR NAME | Email: |
|  | Phone: |

|  |
| --- |
| ADDRESS: |
|  |
| PROFESSION / BACKGROUND: |
|  |

|  |  |  |
| --- | --- | --- |
| OFFICE USE | PAID | CONFIRMED |
|  |  |  |
|  |  |  |

 |

Payment details:

Bank Transfer (Make note - Private Detective)

Sort code 20-97-58 Ac 13121976

Cheque payable to – Ergotonics

 Your place will be confirmed on receipt of payment.

Terms are:

Full refund 30 days before course.

Thankyou for your interest.