

MLD TRAINING BOOKING FORM

PERSONAL							
Name							
Address							
Telephone Number		Home				Work	
		Mobile				Fax	
E-mail							
COURSES I wish to book for the following course(s) (Please tick appropriate box)							
Basic	16–20 January	2011	<input type="checkbox"/>	Therapy I	27–31 March	2011	<input type="checkbox"/>
			<input type="checkbox"/>				<input type="checkbox"/>
Basic	4 - 8 July	2011	<input type="checkbox"/>	Therapy I	12 – 16 Sept	2011	<input type="checkbox"/>
			<input type="checkbox"/>				<input type="checkbox"/>
ACCOMMODATION For DEVON COURSES ONLY (Please tick appropriate box)							
1	I wish to share a room @ £85 per week						<input type="checkbox"/>
	(If you wish to share with another student booking for the same course, please give their name):						
2	I wish to book a double room for single occupancy @ £170 per week						<input type="checkbox"/>
ENCLOSURE CHECKLIST							
1	I enclose a non-returnable deposit of £250 per course (payable to MLD Training)						
2	I enclose copies of relevant qualifications or (for <i>Th I only applicants</i>) Basic Certificate						
3	I enclose a non-returnable deposit of £50 per week for a shared room or £90 per week for a room to myself. (Devon) (Cheques should be made payable to B E Robinson)						
NB: The balance of course fees/accommodation costs must be paid in full seven days before course starts.							

Signed:		Date:	
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Please return completed form, qualification photocopies & cheques to:
Mary Hudson, **MLD Training** , Westwood, Priestlands Lane,
Lymington, Hants. SO41 8HZ