Booking Form: Introduction to Sand Tray Therapy

Sat **10 Nov** 2018, 9.30 am – 4 pm @ Wellspring House, 78 High Street, Starbeck, HG2 7LW.

Cost: £95 or £80 for students. 10% discounts for group bookings of 3 or more. Please note: only one concession per booking. Prices are inclusive of VAT, certificate and light refreshments (lunch not provided). Your place can only be confirmed upon receipt of payment. If you have any specific requirements in regard to accessibility please contact Wellspring before booking.

I would like to book \_\_\_\_\_\_\_\_ place(s) on the Intro to Sand Tray Therapy course on 10 Nov 2018.

I enclose a cheque for \_\_\_\_\_\_\_\_ . / I have made a direct bank transfer of \_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_ (date).

I am a student and I qualify for the student rate. Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Educational provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How to pay:

By cheque: please make cheques payable to Wellspring Therapy & Training

By bank transfer: Account number: 00014594 ~ Sort code: 40-52-40~ Reference: Intro to Sand Tray

*If you need to cancel your place:*

*Cancellations made more than one calendar month prior to the course date, or if less than that, where we are able to fill your place: you will receive a full refund less administration charge of £15.*

*Cancellations made less than one calendar month prior to the course date: you will receive a credit note for the value less administration charge to be used against future Wellspring Training.*

I understand that Wellspring will use the information I have shared only for the purposes of providing this training. I consent to my information being used, stored, retained and destroyed in accordance with the Data Protection Act (GDPR) 2018.

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| Name: | |
| Relevant professional or voluntary role: | |
| Company or organisation: | |
| Email (essential): | |
| Telephone (essential): | |
| Signed: | Date: |

Please return this form by email to [office@wellspringtherapy.co.uk](mailto:office@wellspringtherapy.co.uk)

or by post to Wellspring, 78 High Street, Starbeck, HG2 7LW.