
CHILTERN AND THAMES BAPCA BOOKING FORM

Please complete form below in BLOCK CAPITALS and send with your cheque to:

Karen Young, 7 Oldbury Grove, Beaconsfield, Bucks HP9 2AJ

*Cheque to be made payable to: **Chiltern and Thames BAPCA***

- Confirmation of your booking will be emailed to you.
- Total fee is required one month in advance for courses (not workshops).
- Fees are non-refundable.
- If you require a written receipt, please enclose a S.A.E. with your request.
- For booking enquiries contact Karen Young on youngklh@aol.com
- For venue directions or further information about the workshop/course please refer to the CTBAPCA website www.chilternthamesbapca.co.uk
- Tea and coffee will be provided. Please bring your own lunch.

Thank you.

✂.....✂

I (am/am not) a BAPCA member. Membership number _____

I enclose my cheque for £_____ for the following:

Name of Workshop/Course _____

Date(s) of Workshop/Course _____

Name _____

Email (please print clearly) _____

Telephone/Mobile _____

Address _____

Please tick box if you would like to be on our email list

Please tick box indicating whether you are:

Counsellor in training

Healthcare professional

Qualified counsellor

Other