

“Setting Up a Private Practice” Workshop

Saturday, 11th August 2018

**REGISTRATION FORM**

\*Mandatory (Please, **PRINT** your details)

|  |  |
| --- | --- |
| Full Name\* |  |
| Address\* |  |
| Email\* |  |
| Phone\* |  |
| Profession\* |  |

Are you a qualified counsellor YES / NO

**Terms and Conditions**

To register for the workshop please send the completed form to [info@rewiseproject.co.uk](mailto:info@rewiseproject.co.uk) and pay the deposit or the full amount to The ReWise Project CIC.

Your place will be confirmed once the payment is received.

**Early Bird.** Early Bird fee has to be paid in full by **30th June 2018**.

**Paying the DEPOSIT.** If you pay the deposit only, please ensure full payment is paid by **1st August 2018** . Once we receive the full payment we will email you confirmation, full address of the venue and other details.

Note that the deposit is non-refundable.

**Full Fee.**

Full fee will apply for any payments done after **1st July 2018**. The registration closing date is **1st August 2018**.

*Please tick the relevant box:*

|  |  |  |
| --- | --- | --- |
| **Early Bird fee (before 30th June 2018)** | **Deposit** | **Full fee (after 1st July 2018)** |
| **£75** | **£40** | **£90** |

**Bank details for online transfer:**

|  |  |
| --- | --- |
| **Name** | The ReWise Project CIC |
| **Account Number** | 03483215 |
| **Sort Code** | 20-18-93 |
| **Reference** | For reference please use **PP** plus your **initials**.  *For example: to register John Smith would use –* **PPJS**. |

**I agree to the terms and conditions:**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |