

APPLICATION FORM

BACK FITNESS GROUPS WORKSHOP

Cardiff June 23rd		Manchester Oct 6th	
London Sept 1st		Bedford Oct 20th	
Peterborough Sept 16th		Nottingham Nov 10th	
		Sutton Coldfield Nov 24	

Please tick appropriate venue

Course times: 09h30 – 16h30 Registration 09h00 – 09h30

NAME

ADDRESS

.....

POSTAL CODE Phone no

EMAIL

Number of years in physiotherapy practice

Dietary requirements

This is a practical workshop . Please wear clothes in which you can move comfortably.

Venue details to be sent out with confirmation of booking

Course costs are: £90.00 per person (Including refreshments and lunch)

Cheques made out to: **Back Fitness Groups**

Enclosed please find payment for £..... forperson/s

Signed Date

Post to: Mrs AC Stina Taylor, Riverside, Tansor, Oundle, Peterborough PE8 5HN

Where did you hear about us? (Tick appropriate box)

Frontline	
iCSP	
Colleagues	
Other (Please specify)	