

COURSE REGISTRATION

Zen School of Shiatsu 5-day Intensive Starter-Course

Please register me on the 5-day Intensive

from _____ to _____ (course dates)

Name: _____ email _____

ADDRESS _____

_____ Postcode _____

Mobile _____ Phone _____

I enclose *£97 deposit [no cash by post please] and will pay the balance at the start of the course

...OR...(circle which)...

I enclose the full fee of *£497.

I understand deposits are not refundable nor transferable to any other person or course and that no fees will be refunded for any reason on or after the start-date of a course or any part of a combination of courses. I am physically and mentally fit to undergo training. Enrolment means I agree these terms

I enclose **cheque** for * £97 deposit or *£497 full fee to

Zen School of Shiatsu...OR...please debit my Visa/Delta/Master/Switch/Solo

Card No _____ 3-digit Security Code: _____

amount: £ _____

Start Date: _____ / _____ Expiry Date: _____ / _____ Issue No (Switch/Solo): _____

POST: Zen School of Shiatsu
1ST Floor, 68 GREAT EASTERN STREET
London EC2A 3JT

or **FAX CARD PAYMENTS** 0700 078 1195