

THE MEDICNE SHOP ACADEMY BOOKING FORM

Email: [health@medicineshopandclinic.com](mailto:health@medicineshopandclinic.com)  
Web: [www.medicineshopandclinic.com](http://www.medicineshopandclinic.com)

**Course name and number**

.....

**Venue:** The Medicine Shop & Clinic,48B London Road, Alderely Edge, Cheshire, SK9 7DZ

**Course date**.....

To apply for a place on the above workshop, please complete this application form and return it together with your payment to:  
The Medicine Shop Academy, 48B London Road, Alderley Edge, Cheshire, SK9 7DZ

**Fee** : .....

**Enrollment**

I confirm that I would like to apply to enroll on the above workshop.

Name:

Address:

E-mail:

Phone:

**Payment Send to: The Medicine Shop Academy, 48B London Road, Alderely Edge Cheshire SK9 7DZ**

**Confirmation**

Confirmation will be sent on receipt of this application by email together with timings and directions to the venue.

**Certification**

Certification of attendance is awarded upon completion of the workshop.

**Authorisation Payment** cheques payable to 'The Medicine Shop Academy'

Signed:

Print Name:

Today's date:

I enclose my full payment of £

A Cancellation fee of 50% will apply on all bookings.

