



BOOKING FORM

REFLEXOLOGY COURSE  
September 2012

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone No \_\_\_\_\_

Email \_\_\_\_\_

Relevant Qualifications \_\_\_\_\_

Deposit \_\_\_\_\_

Cheques made payable to the complementary medicine centre  
Sent to  
Complementary Medicine Centre 11a Park Circus Glasgow G36AX