

Booking Form

Please book me a place on the following workshop(s)/training course(s)

Name of workshop(s)/training course(s) :

.....

Your Name:

Are you a professional counsellor? **Yes/No** Trainee Counsellor? **Yes/No**

Address:

.....

Telephone: Fax:.....

Mobile:.....E-mail:

Fees are payable in advance. Terms and Conditions apply, for details please contact the Norwich Centre

I enclose my cheque for £.....payable to The Norwich Centre

or please debit my Switch/Visa/Access/MasterCard/Delta Card number:

the grand total of £.....

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Security No (Last 3 digits on signature strip)					
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Expiry date:

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Issue No (Switch cards)

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Signature:

Date:.../.../.....

If you can help to support our work by including a donation please indicate here the amount you wish to donate. Gift Aid forms are available from the Norwich Centre.

I would like to support your work by donating £.....

We will add your name to our mailing list to receive our quarterly Newsletter. We may occasionally include fundraising material with our Newsletter. If you do not wish to be added to our mailing list please tick this box If you wish to receive the Newsletter but not fundraising material please tick this box

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