

**Peel Psychological Consultancy**

**Continuing Professional Development Programme 2019**

106 High Street

Gosforth

Newcastle Upon Tyne

NE31 HB

**BOOKING FORM**

**Name:**

**Address:**

**Phone Number:**

**Email:**

I wish to attend:

|  |  |  |  |
| --- | --- | --- | --- |
| Title of workshop | Cost | Date | I require a CPD certificate |
|  |  |  |  |
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|  |  |  |  |

I enclose payment for/I have paid by BACS (date………………………): Total Amount £

**Payment is in full** and are **non-refundable** (unless we are forced to cancel a workshop).

* **Please make cheques payable to Peel Psychological Consultancy or preferably pay via BACS: Sort code: 20-59-61 Account number: 33795446**