



Booking Form Special Offer NLP Business Practitioner

Date of course you wish to attend.....

Location of course you wish to attend.....

Please print this form, complete **both pages** and return by post to the address below.

Full name (please print for certification).....

Address.....

.....

..... Postcode.....

Company name..... Occupation.....

Telephone number..... Mobile.....

Email..... Date of Birth.....

How long have you been interested in NLP and give detail of previous NLP experience?.....

.....

.....

.....

What motivates you to do the course now?.....

.....

.....

We need some information that will be held in the strictest of confidence. It is important that you read, fill in, sign and return this form to us; it is a prerequisite for being accepted on the course. Thank you.

Please tick as appropriate:

Are you in good physical health? Yes No

Do you suffer or have you suffered from the following?
 Asthma or bronchitis
 Heart Condition
 Clinical Depression
 Epilepsy

Are you taking any prescribed medications?

If yes please give details here.....

Have you ever been under a doctor's care for a psychiatric condition? Yes No

Do you suffer from any physical disability or psychological condition that could prevent full participation in an active study programme? Yes No

Anything else you think we should be aware of?.....

.....

.....

.....



Business Practitioner Booking Form cont..

DECLARATION

I understand that the training I receive is for educational purpose only and that it is not a substitute for proper medical or psychological treatment. If I suspect or know that I am suffering from any physical or psychological ailment or condition, then I will seek appropriate medical or psychological treatment before attending the Vicky Ross Training Business NLP Course.

I understand that this training does not represent a qualification in hypnosis or hypnotherapy or stage hypnosis and that I will not claim or imply that I have been certified or approved in any of these areas by Vicky Ross Training.

I understand that no tape recording will be permitted during training. I understand that in the interests of security and comfort of the training group as a whole, Vicky Ross Training reserves the right to deny any individuals access to registration, the training event, in its entirety, or any part of the training without prior notification or explanation.

I have read the application and declaration, truthfully completed all relevant portions and understand and agree to all terms.

We are able to offer this event at such a reduced rate as it will be filmed to produce Training DVD's, by signing this consent form, you are giving your permission to be filmed

Signature Print name Date

I have paid via paypal

Payment can be made online at www.vickyross.com

I enclose a cheque made payable to Vicky Ross Training

Please send your completed registration form & cheque if applicable to:

Vicky Ross Training, 129 Westerham Road, Sittingbourne, Kent, ME10 1XG

Investment: £750 +Vat

Vat Number 993 861 953

Refund policy (please read carefully):

Up to 4 weeks prior to course start: 50% refund

Within 4 weeks of course start: No refund

All deposits are non-refundable and all monies are non-transferable between courses.

This course is run in association with



Fiona Campbell Consultancy
www.fiona-campbell.co.uk