



2018



SKIN AND BEUTY WITH GLO
REGISTRATION FORM

Attendee’s full name as it will appear on the attendance certificate:

Address:

Post Code:

GMC/GDC/NMC No or NVQ3+ (Beauty Therapy):

Contact Number (s)

E-mail:

If you already have an account with Wigmore Medical please state reference:

I would like to reserve a place on the workshop(s) taking place on the following day(s):

- 26th January.....
- 27th March.....
- 16th May.....
- 10th July.....
- 4th September.....

Please state any special dietary needs.....



2018



Individual course fee: **£60 ***

*** This fee only applies if you do not have an account with Wigmore Medical**

Payment option:

I enclose a cheque for the above chosen course made payable to **'Wigmore Medical Ltd'**

I understand that this is non- returnable should I fail to attend

I am paying by credit card

Card type: _____ Card #: _____

Start Date: ____ / ____ Exp Date: ____ / ____ Issue #: _____

Security # (last 3 digits on reverse of card): _____

Signed: _____

Please print name: _____

Please return with payment to:
Wigmore Medical Limited, Training Department, 23 Wigmore Street, London, W1U 1PL

PLEASE BE AWARE THAT YOUR PLACE WILL NOT BE OFFICIALLY RESERVED UNTIL THIS FORM AND FEE ARE RECEIVED.