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| UNOFFICAL DOCCMED COURSE APPLICATION FORM |
| pLEASE COMPLETE THIS FORM AND SEND BACK TO:drclaretld@gmail.com**Registration closes: 25 March 2020**PLEASE SEND PAYMENT TO:**DR CLARE LTD****Sort code: 40 33 33, A/C: 32486601****Please use reference: DOCCMED COURSE**YOU WILL RECEIVE EMAIL CONFIRMATION OF SUCCESSFUL ENROLMENT. |
|  |
| Name:  |
| Address:  |
| Phone #: Email:Job title:Place of work:  |   |
| Dietary requirements:⬜ Vegetarian⬜ Vegan⬜ Gluten Free⬜Lactose Free⬜ Other (please describe) |  |
| How did you hear about this course?..................................................................................................................... |
|  |
| Name:  | Date:  |
| (PLEASE PRINT) |
| Signature:  |