

## Modular Practitioner Booking Form

Please return this completed form, along with your remittance, payable to the order of **PGPE** to:

**PGPE, PO Box 506, Halifax, W. Yorks. HX1 5UF, UK**

**Tel: +44/0 1422 343165 Fax: +44/0 8700 513098**

**Email: [PGPE\\_Prac@outcome.demon.co.uk](mailto:PGPE_Prac@outcome.demon.co.uk)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone (h): \_\_\_\_\_ Phone (w): \_\_\_\_\_

Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

**I would like to attend your Modular NLP Practitioner Course.**

**I agree to the terms and conditions presented above.**

*PLEASE TICK ALL THE BOXES WHICH APPLY*

### REMITTANCE OPTIONS

- Registration fee** (to be enclosed with booking form to secure a place): **£200**

**FOR REMAINING FEES, CHOOSE BELOW  
FOR OPTIONS BEST SUITABLE TO YOU**

(Please circle) **Company** **Self/Voluntary** **YP**

- My employer/company will be paying** (Proof of acceptance enclosed).  
Please send your green invoice to:  
.....  
.....  
..... **£1,695**
- I am funding myself / I am supported by a voluntary organisation** (proof enclosed) **£1,495**
- I am a Student, a Jobseeker, A Senior Citizen, Registered Disabled** (proof enclosed) **£790**
- I agree to pay the remainder of my fees in **eight monthly instalments of £187/ £99**, and enclose 8 cheques post-dated to the first of each month, beginning 1<sup>st</sup>, June 2004, to a total amount of: **£1,496**  
or **£792**

**TOTAL BEFORE REBATES:** \_\_\_\_\_

### REBATES (PLEASE APPLY RELEVANT REBATES)

- £150 Rebate** (for fees paid 60 days before course starts) \_\_\_\_\_
- £75 Rebate** (for fees paid 30 days before course starts) \_\_\_\_\_
- £105 / £65 rebate** for attendance to your *'Introduction to NLP* \_\_\_\_\_
- I am bringing ..... attender(s) with me and therefore can claim 15% / 30% / 45% / 60%, 100 % rebate, amounting to:** \_\_\_\_\_

**TOTAL AFTER REBATE, payable to the order of PGPE:** \_\_\_\_\_



CREDIT / DEBIT CARD DETAILS



Name on Card: .....

Number: .....

Expiry Date: ..... Safety Code (last 3 digits at the back): call us

Switch & Delta only: Start Date:..... Issue#: .....

Signature: ..... Date: .....