



**BOOKING FORM  
FOR  
An Introduction to Stress  
Awareness**



**Please use BLOCK CAPITALS to complete**

**From: Name:** .....

**Organisation** .....

**Address** .....

..... **Post Code** .....

**Contact person (for booking enquires)** .....

**Telephone** .....

**Email** .....

***Registrations will be confirmed and travel directions will be sent by email.***

***Numbers are limited to enhance learning***

Please register the following person(s) to attend the **Introduction to Stress Awareness**  
(BLOCK CAPITALS)

NAME	DATES	VENUE

Please advise of any special Dietary requirements .....

Payment of **£250 per person** to be made:

- By cheque made payable to '**Beth Gibb Associates**' for the sum of **£** .....
- By invoice against a purchase order number / ref .....

**PLEASE READ TERMS AND CONDITIONS OVER**

## BOOKING TERMS AND CONDITIONS

- ✓ Confirmation of reservation(s) for course will be sent via email after training event fee has been received.
- ✓ We reserve the right the right to refuse entry to any delegate who has not paid prior to attending the course.
- ✓ A refund will not be made fewer than 14 days before the course date. 50% of the course fee will be reimbursed up to 14 days prior to the course date.
- ✓ Cancellations must be received in writing at least 14 days before the course date.
- ✓ If a named individual cannot attend, a substitute delegate may be used and changed details forwarded to Beth Gibb Associates prior to the course date.

### I agree to these terms and conditions

Name (PRINT): ..... Signature: .....

Organisation ..... Date: .....

### Completed applications should be returned with fee to:

**POST:** 6 Kenilworth Park, LISBURN, Co. Antrim, BT28 3UL

**EMAIL:** [info@bethgibbassociates.co.uk](mailto:info@bethgibbassociates.co.uk) (if sending fee separately, please inform when returning completed application)

**Fax:** 07092-859647