

Wernickes Korsakoff Syndrome Training
Booking form

Name of person booking:

Organisation/Address:

.....

.....

Date booking made:

Please book [] place(s) on the above training course at a cost of £75 per person for the following:

Name	Organisation address	Course date(s)

Payment details: Payment should be made in full prior to attending course(s)

o Please find enclosed Cheque for the sum of £ made payable to Carenza Care

o Please invoice to :

Name:

Address:

.....

.....

.....

Ref no (if required):

Confirmation and details of venue and timings will be forwarded prior to commencement of the Course date.



CARENZA CARE

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