



# CERTIFIED TRAINING AND TUITION IN MANUAL LYMPHATIC DRAINAGE (MLD) DR VODDER ORIGIONAL METHOD.

## BOOKING FORM BASIC & THERAPY 1 2017 Please complete in full

NAME .....

Address	
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<b>TELEPHONE</b> (HOME)	(Work)	

PROFESSION: .....

# BASIC

FRIDAY OCTOBER 6TH TO TUESDAY OCTOBER 10TH

## THERAPY 1

FRIDAY NOVEMER 10<sup>H</sup> TO TUESDAY NOVEMBER 14<sup>TH</sup>

#### <u>TOTAL COST FOR BOTH COURSES € 1,700</u> (INCLUDES ALL COURSE MATERIAL) THE BALANCE OF COURSE FEE <u>MUST BE PAID 2 WEEKS</u> PRIOR TO COURSE COMMENCEMENT

## NB: PLEASE FORWARD WITH BOOKING FORM:

1. CHEQUE SHOULD BE CROSSED AND MADE PAYABLE TO MLD TUITION

#### 2. OR EVIDENCE OF ELECTRONIC PAYMENT: DIRECT / ONLINE DEPOSIT TO A/C MLDTUITION AIB WESTERN ROAD CORK, A/C MLD TUITION, NO: 24172039 S/C 934194 BIC :AIBKIE2D IBAN:IE 48 AIBK93419424172039

# NNB: Please include your name on Narrative and email to confirm payment

I ENCLOSE COPIES OF RELEVANT QUALIFICATIONS YES $\Box$	
I ENCLOSE A <u>NON REFUNDABLE</u> DEPOSIT OF €300 YES	
My polo shirt size is : small $\Box$ Medium $\Box$ Large $\Box$ X Large	
SIGNED: Date:	

### PLEASE RETURN

1.COMPLETED FORM,

 $\overline{2}$ . QUALIFICATION PHOTOCOPIES AND

**<u>3.</u>**CHEQUE MADE PAYABLE TO MLD TUITION (IF APPROPRIATE)

to : Meadbh Mac Sweeney, The Lymph Clinic , Suite 1 , Cork Clinic, Western Road , Cork

TEL: 021 4347351 OR 086 8048273,

WEB: WWW.THELYMPHCLINIC.IE

EMAIL: MEADBH@THELYMPHCLINIC.IE