



**CERTIFIED TRAINING AND TUITION IN MANUAL LYMPHATIC DRAINAGE (MLD) DR VODDER ORIGINAL METHOD.**

**BOOKING FORM BASIC & THERAPY 1 2016**  
**PLEASE COMPLETE IN FULL**

NAME .....

ADDRESS .....

.....

TELEPHONE (HOME) ..... (WORK) .....

(MOBILE)..... EMAIL: .....

PROFESSION: .....

**BASIC**

FRIDAY OCTOBER 14<sup>TH</sup> TO TUESDAY OCTOBER 18<sup>TH</sup>

**THERAPY 1**

FRIDAY NOVEMBER 18<sup>TH</sup> TO TUESDAY NOVEMBER 22<sup>TH</sup>

**TOTAL COST FOR BOTH COURSES € 1,700** (INCLUDES ALL COURSE MATERIAL)

**THE BALANCE OF COURSE FEE MUST BE PAID 2 WEEKS PRIOR TO COURSE COMMENCEMENT**

**NB: PLEASE FORWARD WITH BOOKING FORM:**

1. **CHEQUE** SHOULD BE CROSSED AND MADE PAYABLE TO THE LYMPH CLINIC
2. **OR EVIDENCE OF ELECTRONIC PAYMENT TO:**  
THE LYMPH CLINIC LTD.  
BRANCH: AIB WESTERN ROAD, CORK  
BIC/SWIFT CODE: AIB KIE 2D / IBAN: IE85 AIBK 934194 30706069

**NB: PLEASE INCLUDE YOUR NAME ON NARRATIVE AND EMAIL TO CONFIRM PAYMENT**

**OR**

3. ON LINE DOWNLOADABLE BOOKING FORM VIA [WWW.THELYMPHCLINIC.IE](http://WWW.THELYMPHCLINIC.IE) CLICK ON COURSES TO ACCESS DOWNLOADABLE BOOKING FORM

I ENCLOSE COPIES OF RELEVANT QUALIFICATIONS YES

I ENCLOSE A NON REFUNDABLE DEPOSIT OF €300 YES

MY POLO SHIRT SIZE IS : SMALL  MEDIUM  LARGE  X LARGE

SIGNED: .....

DATE: .....

**PLEASE RETURN**

1. COMPLETED FORM,
2. QUALIFICATION PHOTOCOPIES
3. PAYMENT / PAYMENT NARRATIVE

TO : MEADBH MAC SWEENEY, THE LYMPH CLINIC , SUITE 1 , CORK CLINIC,  
WESTERN ROAD , CORK

**TEL :** 021 4347351 OR 086 8048273 ,

**WEB:** [WWW.THELYMPHCLINIC.IE](http://WWW.THELYMPHCLINIC.IE)

**EMAIL:** [MEADBH@THELYMPHCLINIC.IE](mailto:MEADBH@THELYMPHCLINIC.IE)