



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

BOOKING FORM BASIC & THERAPY 1 2017

PLEASE COMPLETE IN FULL

NAME

ADDRESS

.....

TELEPHONE (HOME) (WORK)

(MOBILE)..... EMAIL:

PROFESSION:

BASIC

SATURDAY OCTOBER 21ST TO WEDNESDAY OCTOBER 25TH

THERAPY 1

SATURDAY NOVEMBER 25TH TO WEDNESDAY NOVEMBER 29TH

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 934 194 30706069

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

OR

3. ON LINE DOWNLOADABLE BOOKING FORM VIA 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 AND
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

EMAIL: MEADBH@THELYMPHCLINIC.IE