

# European College of Bowen Studies E.C.B.S.

## PART ONE BOOKING FORM

Part One Course Fees: £395 (£100 deposit, balance £295)

- Complete this form & return to the teacher of your First Choice course date.
- The teachers' contact details and addresses are listed overleaf.
- Enclose your deposit cheque for £100, payable to E.C.B.S.
- (*Overseas students: Sterling banker's draft or sterling cheque please*)
- Course Fee Insurance cover is available for an additional £13.00.  
This is paid directly to the insurance company.  
Full details will be sent with your course confirmation.
- If you have a disability and require special assistance please advise your teacher.
- If you have any questions please contact your teacher or Louise at Head Office on 01373 461873

PLEASE WRITE IN BLOCK CAPITALS

TITLE: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ SURNAME: \_\_\_\_\_

HOW WOULD YOU LIKE YOUR NAME TO APPEAR ON YOUR CERTIFICATE OF ATTENDANCE, IF DIFFERENT FROM

ABOVE:- \_\_\_\_\_

YEAR OF BIRTH: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

TOWN/CITY: \_\_\_\_\_

COUNTY: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

TEL: DAY: \_\_\_\_\_ EVE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

MOBILE TEL: \_\_\_\_\_

WHAT IS YOUR MAIN OCCUPATION: \_\_\_\_\_

HOW WERE YOU INTRODUCED TO THE BOWEN TECHNIQUE? \_\_\_\_\_

HAVE YOU TRAINED IN OTHER THERAPIES/MODALITIES (IF ANY)? \_\_\_\_\_

Please continue overleaf .../

**PART ONE    FIRST CHOICE:**

Date: \_\_\_\_\_ Venue: \_\_\_\_\_

Teacher: \_\_\_\_\_

Courses can only run subject to sufficient bookings and at the discretion of the teacher.

Please help us to plan:    I will bring a massage table    **YES**    **NO**

I have read the prospectus and understood the terms & conditions of payment for the course fees.    signed: \_\_\_\_\_

**SECOND CHOICE:** Date: \_\_\_\_\_ Venue: \_\_\_\_\_

Teacher \_\_\_\_\_

TEACHERS' CONTACT DETAILS:

JO LUNN

email: [jo.lunn@btinternet.com](mailto:jo.lunn@btinternet.com)

**Tel: 01684 576002 / 07967 661 728**

15 Frederick Road, Malvern, Worcestershire WR14 1RS