

# SILVER STREET CLINIC

## 8 WEEK MINDFULNESS BASED STRESS REDUCTION COURSE REGISTRATION FORM

Name:	
Date of Birth:	
Address:	
Post Code:	
Telephone – Home:	
Telephone – Mobile:	
Email Address:	
What is your main occupation?	
Course Start Date:	

**PLEASE SELECT YOUR METHOD OF PAYMENT BY CIRCLING THE PAYMENT METHOD YOU HAVE CHOSEN**

Method of Payment: (Please select by circling your preferred method of payment)	<b>Cheque</b> Deposit: £20.00 Balance: £250.00 payable by 1st April 2018 <b>OR</b> Cheque Deposit:£20.00 3 x Instalments £90 Pre-dated cheques 1 <sup>st</sup> April/1st May/ 1 <sup>st</sup> June 2018	Please make your cheque(s) payable to Silver Street Clinic Ltd and return with the Registration Form to the address below.
Method of Payment: (Please select)	<b>Money Transfer</b>  Deposit: £20.00 Balance: £250.00 payable by 1 <sup>st</sup> April 2018	Please transfer the funds direct to:  Account Name: Silver Street Ltd Sort Code: 77-13-20 Account Number: 69895368
Clinic Contact Details:	Silver Street Clinic Ltd 21a High Street Maldon Essex. CM9 5PE	Tel: 01621 929379 Email: <a href="mailto:enquiries@silverstreetclinic.com">enquiries@silverstreetclinic.com</a> <a href="http://www.silverstreetclinic.com">www.silverstreetclinic.com</a>

Please return your completed Registration Form to Kate Tyler at Silver Street Clinic, address overleaf, along with your cheque(s) if this is your chosen method of payment.

Name in Block Capitals:	Signature:	Date:
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