



Manchester Academy of Traditional Chinese Medicine

Application form for CPD Courses



Personal Details

First Name _____
Last Name _____
Address 1 _____
Address 2 _____
Town / City _____
County _____ Postcode _____
Email _____
Contact No. _____

Course Applied For

Course Name _____
Date(s) of Course _____
Venue _____
No of Course Days 1 Day 2 Day (Select One)
Can M.A.T.C.M. contact you about other courses? Yes No (Select One)

Payment Details

Payment by Paypal Cheque BACS (Select One)
Applying for Early Bird Discount? Yes No (Select One)
Course Cost Paid £ _____ (See Web for Details)

Please contact us if paying by BACS
If paying by Cheque please make payable to M.A.T.C.M.
Send to 52-54 Washway Road, Sale, Cheshire M33 7QZ

Profession

Profession _____
Specialism 1 _____
Specialism 2 _____

Current Employment

Company _____
Job Title _____
From _____ To _____

Professional Qualifications

University _____
Degree _____
From _____ To _____
College _____
Course _____
From _____ To _____
Other _____
Course _____
From _____ To _____

Disclaimer & Signature

I confirm I have read the cancellation policy (under FAQ on website) and made course payment.
I confirm I have current professional indemnity insurance

Signature _____