Booking Form

Personal Details

Name

Please cut out and return completed form with payment to:

Cork Art Therapy Summer School Crawford College of Art & Design Sharman Crawford Street Cork, Ireland

Address			
Email			
Telephone			
Date of Birth			
Occupation			
Personal Qualifications (i	f any)		

Workshop Option

Please choose from the four options outlined

First Choice	
Second Choice*	
No preference (please tick here)	

*Although we will try to give applicants their first choice, allocations will be made on a first-come-first-served basis.

I want further information on the accredited course option

Payment

I enclose a cheque/bank draft/postal order:

€485 payable to CIT Crawford College of Art & Design OR

€435 if booked before 22nd May 2015 (limited to first 25 places. Please check availability)

I have paid by credit card/bank transfer

Please note your receipt is confirmation of a place on the course. You will be emailed/written to in June with further details.

Signature

Date

Office use only

D/B	€435	E-payment
Invoice	€485	Rec.