



BOOKING FORM

**HIGHEST QUALITY REHABILITATION CONFERENCE
30 NOVEMBER 2005**

Customers Name: Mr/Mrs/Miss/Ms	
Company:	
Address:	
Postcode:	
Tel:	Fax:
Email:	

Please return this completed booking form to:

Grania Hyde-Smith
 Limbless Association
 Rehabilitation Centre
 Roehampton Lane
 London SW15 5PR
 Tel: 020 8788 1777
 Email grania@limbless-association.org.uk

Cost £60 per person

Payment options are:

By cheque – please complete this form and post to Grania Hyde-Smith with your cheque payable to **Limbless Association**

By credit card – please complete the form below or alternatively telephone Grania on 020 8788 1777 and give your credit card details

Receipt of payment will be by confirmation of registration once payment is received.

PLEASE SEND FULL PAYMENT WITH THIS ORDER FORM.

Cheque enclosed for _____.

Please debit my.

MasterCard / Visa Card / Delta / Connect / Switch

Card Number:

Start date: ____ / ____ Expiry date: ____ / ____ Switch issue no.

Card Holder's Name: _____ Card Holder's Signature: _____

(please print clearly)

Date: _____