APPLICATION FORM

# CERTIFICATE IN PERSONAL DEVELOPMENT

*Please reserve a place on this course for:*

Name: _____

Address: _____

_____

_____

Tel: (day)_____(evening)_____

Email: _____

Venue & Date: _____

*I have read and accept the conditions:*

Signature: _____

Date: _____

Enclosure: Course Fee of € 240

☐ Cheque/Bank Draft/Postal Order for €240

*or*

☐ Please debit €240 from my Credit/Debit Card:

Type of card: Mastercard ☐ Visa ☐

Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiry date (format mm/yy) ☐☐☐☐

Three-digit security code (reverse of credit card) ☐☐☐

**PRIORITY IS GIVEN IN ORDER OF APPLICATION**

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