



THE INSTITUTE OF COMPLEMENTARY ANIMAL THERAPIES

BOOKING FORM

NAME _____ Mr/Mrs/Miss/Ms Date of Birth _____

ADDRESS _____

_____ POSTCODE _____

EMAIL _____

TEL NO _____ MOBILE _____

Do you have any medical condition or disability which might require special arrangements?

EMERGENCY CONTACT PERSON _____ TEL _____

WORKSHOP /SPECIAL EVENT TITLE:

DATE _____ COST £ _____

PAYMENT:

For BACS payments: ICAT * Lloyds Bank * Sort Code 30-96-06 * Account No. 02944538

Please put your name as reference .Cheque payable to: ICAT

I have read the ICAT terms and conditions of booking (on website) and agree to abide by them:

SIGNATURE: _____ **DATE:** _____

I understand that ICAT will keep my details on their database and will not disclose these to any third party without my permission.

PLEASE RETURN TO:

**THE INSTITUTE OF COMPLEMENTARY ANIMAL THERAPIES
P O Box 299, CHUDLEIGH, DEVON. TQ13 0JN**