

BOOKING FORM – SANDPLAY TRAINING

Sue Chapman, HCPC BISS ISST TM BADTh MSI
Arts Therapist & Sandplay Specialist
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Course Title	(eg. Sandplay Training Course or Taster Day)
Course Dates	
Name	
Address	
Tel. No	
E-mail	
Mobile	
Website	
Professional qualification (or Job Title)	
Invoice Address (if different from above)	
Where did you hear about this event	
PAYMENT AMOUNT	PLEASE MAKE CHEQUES MADE PAYABLE TO: <u>H.S. CHAPMAN</u> PAYMENTS ARE NON-REFUNDABLE (unless the course is cancelled)

Please send completed booking form and payment to:-

Sue Chapman, Sandplay Training, 3b Redenhall Road, Harleston, Norfolk IP20 9EN

For Office use only	
Date of Booking	
Date of Invoice (If needed)	
Date Payment Received	
Date Booking Confirmed	