



Please write the name of the Epilepsy Training Course here:

Training date Location

PLEASE PRINT ALL DETAILS CLEARLY, as they will be used for future contact and also appear on your badge and certificate. All future contact will be by email unless requested otherwise.

Title: First name: Surname:
Job title:
Organisation:
Organisation address:
Work telephone:
Work email:
If you have any specific food allergies, dietary or any other specific requirements including a parking space (when available) please specify here:

Payment Options

Please check our website for the price of the course you are booking

I enclose a cheque for £.....made payable to 'Young Epilepsy' tick []

I have paid over the phone by credit/debit card..... tick []

Please call 01342 832243 ext 296 for this option, quoting 'Training Day' and date required

Please invoice my organisation..... tick []

If different from above, please provide name, email and full postal address for the person to send the invoice to

Applicant's signature _____ Date _____

Tick here to receive regular updates about Young Epilepsy []

Please fax this form to: 01342 834639

Or post to:

National Services , Young Epilepsy,
St Piers Lane, Lingfield, RH7 6PW

To book a provisional place or if you require further information, please call 01342 832243 ext 296 or email epilepsyttraining@youngpilepsy.org.uk

For Cancellation Policy please go to http://youngpilepsy.org.uk/what-we-do/training