

Vale of Clwyd Mind Training

Mental Health First Aid Registration Form

I wish to book	(specify number)	place(s) on
		(Please specify course/workshop)
On	(insert date)	
At	(insert location)	

Name (s)
Job title(s)
Address
Email
Telephone
Invoicing address (if different from above)
<i>Invoices will be sent on receipt of this form if applicable</i>

<p style="text-align: center;">Will provide Tea and Coffee only.</p> <p style="text-align: center;">Lunch will not be provided and delegates should bring their own</p>

<p>DECLARATION</p> <p><i>I understand that a booking fee of £50 will be payable by my agency if I do not give one week's notice of non attendance.</i></p> <p>SIGNED.....</p>
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