



Workshop/course/sessions attending:.....

Date:

Time:

Name:.....

Address:.....

.....

Postcode:.....

Contact telephone no:.....

E.mail address:.....

Payment enclosed £.....

(Workshops/courses require a £5 deposit to ensure place).

Any specific requirements. E.g large print, special dietary needs. Yes/No

Details:

Signature:.....

Date:

.....

Please return this form, together with payment to

Nutritrain Southwest Centre for Health and Wellbeing
Unit 1
Jubilee Enterprise Centre
Weymouth DT4 7BS

(a receipt and confirmation form will be sent by return)