

REGISTRATION FORM
for
Orthocaps Certification Courses

Note: All participants are required to complete this form.
Please complete one form for each course and use BLOCK CAPITALS.

I would like to register for the one-day orthocaps certification course in

Course Date

Surname First Name

Practice Address

Country

Postcode

Telephone No

Fax No

Email

Mobile No

Course Fee: 499€

The course Fee covers costs of expendable materials, lunch and snacks.
Payment will be required 4 weeks prior to the course. If a cancellation takes place within 2 weeks prior to the course commencing, full fees are payable.

Full Name

Signature

Date

Please fax, email or post this form to:

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