

Guild Events Booking Form

Title and date of the event you wish to attend

Please send me (number required) _____ tickets at £ _____

Name _____

Address _____

Contact tel. no _____

Contact Email _____

Occupation/Organisation _____

I enclose a cheque for the total of _____ £ _____

(Please make cheques payable to: **The Guild of Psychotherapists**)

I will require a certificate of attendance for CPD Yes / No

Where did you see this event advertised

Guild Events Mailing list

If you would like to be on our mailing list for future Guild events please indicate below

I would like to be on the Guild e-mailing list for future events..... Yes

I would like to be on a postal mailing listYes

I am interested in details of the Guild's Psychotherapy training.....Yes

Please return this form with your booking fee to:

**The Administrator,
The Guild of Psychotherapists 47 Nelson Square SE1 0QA**

For more information visit our website at:

www.guildofpsychotherapists.org.uk

admin@guildofpsychotherapists.org.uk

The Guild of Psychotherapists, Registered Charity No 1093686