

**Light for Health Ltd. - Seminar Registration Form**

**I wish to attend the CLRT Seminar presented by Dr Nicholas Wise DC  
Saturday 12<sup>th</sup> –Sunday 13<sup>th</sup> June at the London Centre for Psychotherapy  
Kentish Town NW5 2QE London**

**I understand my course fee entitles me to a free copy of the updated CLRT manual**

**My name is -**

**Postal Address -**

**Telephone -**

**Mobile -**

**E-mail -**

**What type of health professional are you?**

**Earlybird Price (including refreshments): £299. To secure your place and free entry to laser prize draw, please pay in full by June 2nd 2010. After this date the price increases to £329. Book in a colleague at the same time and get a free point locator wall poster.**

**Please indicate method of payment: internet transfer/cheque/credit/debit card.**

Bank details for internet transfer:

Light for Health Ltd

Sort Code: 40-04-03

A/C No. 61462490

Credit/Debit Card details taken over the phone, but incur a 2.5% surcharge

Cheques made out to Light for Health Ltd

**Date: .....**

**Signed ..... in capitals .....**

Please send printed forms together with full payment to -  
**Light for Health Ltd., 10 Burghley Road, London, NW5 1UE**  
Requests for additional information should please be addressed to -  
tel / fax London 020 7428 9577 or e-mail [gill@lightforhealth.co.uk](mailto:gill@lightforhealth.co.uk)