

# BOOKINGS



Please send your completed form and payment to:

**THE CENTRE FOR CHILD MENTAL HEALTH**

**2-18 Britannia Row, Islington, London N1 8PA**

**Email: [info@childmentalhealthcentre.org](mailto:info@childmentalhealthcentre.org) Tel: 020 7354 2913 Fax: 020 7704 0171**

- 1) ONLINE BOOKINGS. Book and pay online: [www.childmentalhealthcentre.org](http://www.childmentalhealthcentre.org)
- 2) TELEPHONE BOOKINGS. Book and pay by telephone using a credit/debit card: 020 7354 2913
- 3) CHEQUES: Please send with this booking form
- 4) INVOICING. Invoices are issued to third party organisations only, we cannot invoice individuals.  
For full invoice details, including terms and conditions, please refer to our website: [www.childmentalhealthcentre.org](http://www.childmentalhealthcentre.org)

Name:	Title:
Company Name (if applicable) and Occupation:	
Address:	
Email:	Postcode:
Telephone:	
Signature:	
Where did you hear about us?	

**For prices please refer to each event**

Event Date	Delegate Name	Occupation	Cost
<b>Total</b>			

Special Requirements
Please note that some of our training events include movement and floorwork. If you have any special requirements regarding this, please inform us prior to the event.
<b>Do you require:</b> hearing loop YES / NO      wheelchair access YES / NO

## CHEQUE

I have included a cheque for the value of ..... (made payable to 'The Centre for Child Mental Health')

## INVOICE

I wish to be invoiced

Invoices must be paid prior to delegate attendance. Invoices issued to third party organisations only. No tickets or confirmation will be issued until payment of invoices are received in full. It is the responsibility of the delegate to ensure payment is made prior to attendance of the event. **NO ADMITTANCE WITHOUT PAYMENT AND TICKET.**

**Invoice to (please write clearly)**

Contact Name:	Email Address:
Organisation Name and Address	
Postcode:	