

BCMB Advanced Workshops
Booking Form

Name

Address

Postcode

Phone

E-mail

Date

May we give your contact details to fellow participants at your workshop so that you can network with each other?

(YES / NO) (Please delete as appropriate)

Advanced Workshops

Please book me a place on the following workshop(s):

Title

Date

Title

Date

Title

Date

Title

Date

Title

Date