

HEALTHY LIVING CHAMPION TRAINING REGISTRATION

Level 2 Certificate in Understanding Health Improvement £55 + VAT per person

Please email your completed registration form to kcowley@weldricks.co.uk

Registration on the course will only be confirmed on receipt of this completed registration form

| | | |
|---------------------|---------|--------|
| 1. Pharmacy Name | | |
| 2. Attendee Name(s) | | |
| Pharmacy Address: | | |
| Postcode: | Tel no: | Email: |

INVOICE DETAILS

| | | |
|------------------|----------|-------------|
| 3. Trading name: | | |
| 4. Company name: | | Co. Reg no: |
| Address: | | |
| Postcode: | Tel no: | Fax no: |
| VAT Reg: | Contact: | Email: |

| |
|---|
| 5. Invoicing/statement address (if different from above): |
| 6. Proprieter address if not Limited: |

I/we declare that the information given under section 1 to 6 is correct and agree to adhere to HI Weldrick Ltd Terms and Conditions of sale.

| | | |
|------------------|-----------------------|-----------|
| Authorised Name: | Authorised Signature: | Position: |
|------------------|-----------------------|-----------|

Please note H I Weldrick Ltd Terms and Conditions for payment : 30 days from date of Invoice