



The College of
Classical Massage

Course Booking Form

Course Name:

.....

Start date of

course:.....

For ITEC accredited Diploma Trainings:

I enclose a (non-refundable) registration fee of.....

and I will pay the remaining course fees of6 weeks
before the course commences.

For certificated workshops and courses:

I enclose course fees of

Please also enclose a copy of your massage qualification.

For introductory workshops:

I enclose course fees of

NB: Please view our cancellation policy on the booking form
page of our website.

Name.....

Address.....

.....

.....

Postcode.....

Telephone.....

Mobile.....

Email.....

Signature.....

Please make cheques payable to CCM Ltd and send to:

The College of Classical Massage

Office Address: Unit 4 Natural Health Centre, 20-26 Round Hill Street,
Brighton BN2 3RG.