

Personal Details

Full Name

Please underline your surname. _____

First Name

As you'd like it to appear on your name badge. _____

Address

(Including Post Code)

Email _____ **Occupation** _____

Telephone (daytime) _____ **Telephone** (preferred) _____

Previous **NLP*** Experience (if any) _____

(* Neuro Linguistic Programming)

We need the following information before we can accept you onto the course, it will be held in the strictest confidence. It is important that you carefully complete and sign and return this form to the address on the reverse or scan and email to julie@nlpliverpool.com Thank you.

Are you in good physical health? Yes No

Do you suffer from, or have you ever suffered from the following:-

Please answer these questions truthfully. Answering yes to any of these questions helps us to ensure your health and safety whilst you are with us.	Asthma or Bronchitis? <input type="checkbox"/> Yes <input type="checkbox"/> No Clinical Depression? <input type="checkbox"/> Yes <input type="checkbox"/> No Epilepsy? <input type="checkbox"/> Yes <input type="checkbox"/> No Heart Condition? <input type="checkbox"/> Yes <input type="checkbox"/> No Severe allergic reaction? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you taking any prescribed medications? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, please provide details here:-

Have you ever been treated by a Doctor for a psychiatric condition? Yes No

If yes, please provide brief details here:-

Do you suffer from any physical disability or psychological condition that may prevent you from participating fully in the programme? Yes No

If yes, please provide brief details here:-

Please complete the reverse of this form.

Declaration

I understand that the training I receive is for educational purposes only and is not a substitute for proper medical or psychological treatment. If I suspect or know that I am suffering from any physical or psychological ailment or condition, then I will seek appropriate medical or psychological treatment before attending the seminar.

I understand and agree that no personal audio or video recording will be permitted during the training. I understand that, in the interests of the safety, comfort and security of the group, NLP Liverpool Limited reserves the right to deny any individual access to the registration or any part of the training without prior notification or explanation.

I have read the application and declaration, truthfully completed all relevant portions and I understand and agree to all terms.

Signature Print Name Date / /

Course Details

Date of course Month: _____ Year: 2015

- Private Session _____ £ _____
- 1 Day Easy Weight Loss Event £240
- Sales Persuasion Workshop (2 one-day workshops) £420 For both modules booked together
- Module 1 - Confidence, Rapport & Persuasion £240
- Module 2 – Persuasion, Objections & Close £240
- Presenting with NLP / Advanced Presentation £350
- Skills workshop (Public - 2 day or 1 day 1:1 tuition)
- NLP Practitioner 7 day intensive or 1:1 by arrangement £1,500
- NLP Master Practitioner (10 day intensive) £2,100

A £100 deposit is required to secure your booking for each course, this deposit will be deducted from your final payment, which will need to be paid to us 4 weeks prior to the start of the course. The deposit is refundable if notice of cancellation is received no later than 14 days prior to the start of the workshop or seminar. A small administration charge of £20 will apply for refunds, or you may transfer to another date without additional charge. Please check for our early booking discounts where applicable, call us on (0151) 931 5184 to discuss.

Full payment is required when booking less than 4 weeks prior to the start of the course.

Payment Details Please send this form and your payment to the address below, which should show through a standard window envelope.

I enclose a cheque made payable to **NLP Liverpool Limited** for £ _____

For BACS Payments, please telephone for full details.

NLP Liverpool Ltd will store your information and use it for mailing and contact purposes. By returning this form you agree that we may hold and process this information. NLP Liverpool may wish to contact you by phone, post or email before or after your seminar / workshop. Please tick this box if you do not wish to be added to our general mailing list which lets you know which training/workshops we are offering – we promise NEVER to pass on your details .

**Seminar Registrations,
NLP Liverpool Ltd.,
“Clonboyne”,
The Serpentine South,
Blundellsands,
Liverpool.
L23 6UQ**