Quantum Metta Enrolment Form

NB: Enrol online at www.quantummetta.co.uk

Send to: Quantum Metta, P.O. Box 43176, London, E17 5WG
Please make cheques payable to Quantum Metta.

Mr/Mrs/Ms/Other: Name:
Address:

Tel. Number: Mobile:
Email: Occupation: Date of birth:

I would like to enrol on the following workshop/s (full payment enclosed):

Workshop:……Date: ……

Workshop:……Date: ……

Workshop:……Date: ……

I would like to enrol on the following courses/s (deposit or full payment enclosed):

Course:……Start date: ……

Course:……Start date: ……

I understand that these fees are non-refundable and I agree to pay Quantum Metta the remainder of the course fees where applicable.

Signature: Date:

Just to let you know that if in the unlikely event of a course being cancelled all monies paid will be refunded.

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I wish to pay by Debit / Visa / MasterCard - £

Name : ……
(as depicted on the card)

Card number is:

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Expiry Date : ……

Start Date : ……

Issue Number : ……

Card Security number : ……

Signature : ……