The Niel-Asher Technique® ™

Seminar Booking Form

Defrost Training Ltd
108 Swains Lane
Corner 12 South Grove
Highgate
London N6 6BS
fax **+44 (0)208 348 1777**
uksales@defrosttraining.com

Please complete the booking form and include your cheque for £160 made payable to frozenshoulder.com

BOOKING FORM

First name: _____ Surname: _____

Address: _____

_____ Postcode: _____

Tel (work): _____ (mobile): _____

Email: _____

Occupation (including professional body): _____

_____

Credit/Debit Cards

Visa/MasterCard/Delta/Switch

CardNo.

House Number
Numbers from post code

Please deduct £160 from my credit/debit card

SecurityCode(last 3 digits on signature strip)
ExpiryDate/StartDate/IssueNo. (Switch only)

Signature

Invoice to (if different from above):

_____ _____

_____

_____ _____

_____ _____

_____

☐ **Payment** (enclosed)

You may pay by cheque or **credit/debit card**. **Cheques** – made payable to **Defrost Training Ltd**.

(tick box)
Credit/Debit Cards

☐ Visa

☐ MasterCard

☐ Delta

☐ Switch

Card No. _____

Please deduct £/€/$ _____ from my credit/debit card

Security Code (last 3 digits on signature strip) _____

Expiry Date _____/_____ Start Date _____/_____ Issue No. (Switch only) _____

Signature _____