

## Booking form

please complete this **two-sided** form and post/ it to either:

### UK & Europe

**Defrost Training Ltd**  
108 Swains Lane  
Corner 12 South Grove  
Highgate  
London N6 6BS

fax +44 (0)208 348 1777  
uksales@defrosttraining.com

### USA

**Defrost Training Ltd**  
94 Hicks Street  
Apt# 5  
NY 11201

tel +1 917 478 9425  
ussales@defrosttraining.com

if you have any questions about the Niel-Asher Technique™ Practitioner programmes, please refer to our website: **(www.defrosttraining.com)** or write to us at the above address or e-mail to **info@defrosttraining.com** alternatively please call the London Frozen Shoulder Clinic (UK) on **+44 (0)208 347 6160/3470**

### BOOKING FORM

First name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Tel (work): \_\_\_\_\_ (mobile): \_\_\_\_\_

Email: \_\_\_\_\_

Occupation (including professional body): \_\_\_\_\_

\_\_\_\_\_

#### I have included: (please tick box)

- Signed license/legal agreement
- A copy of my professional qualification
- A photograph/photographs (would you like us to use this/these on our websites? Y/N)
- A copy of a valid certificate of indemnity insurance

#### I wish to enroll for: (please tick box)

##### OPTION 1 The Niel-Asher Technique™ **MASTERING** programme

**Number of practitioners** (list names and qualifications here)

Attach  
photo  
here

##### OPTION 2 The Niel-Asher Technique™ **TRAINING** programme

**Single** license

(tick box)  
**Invoice to (if different from above):**

First name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Tel (work): \_\_\_\_\_ (mobile): \_\_\_\_\_

Email: \_\_\_\_\_

**Payment** (enclosed)

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

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(tick box)

### Credit/Debit Cards

Visa

MasterCard

Delta

Switch

Alternatively, you can pay over the telephone on  
**+44 (0) 208 347 6160** or **+44 (0) 208 348 1777**

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 \_\_\_\_\_

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### MASTERING (Clinic License)

Please write a short paragraph below about yourself and your clinic details as you would like it to appear on **www.frozenshoulder.com**, please include the following (you may continue on a separate piece of paper if necessary):

- A brief description of the clinic
- How to get there
- Opening times
- Names and qualifications of practitioners
- An example can be found at - [http://www.frozenshoulder.com/clinic\\_london](http://www.frozenshoulder.com/clinic_london)

Please enclose photos of yourself and/or associates (if appropriate) and also of your clinic or email them to **info@defrosttraining.com**

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### TRAINING LICENSE (Single user license)

Please write a short paragraph about yourself and your clinic details as you would like it to appear on **www.frozenshoulder.com**