

Workshops/Evening Seminars

Application Form

Workshop Title: _____

Date: _____

Workshop Title: _____

Date: _____

Name: _____

Address: _____

Postcode: _____

Telephone
Number: ^(day) _____

Email: _____

Date of Birth: _____

Ethnicity: _____

Will you require wheelchair access? Yes No

I enclose my payment.
(please make cheques payable to Metanoia Institute).

Signed: _____ Date: _____

Please return your application to:

Metanoia Institute, 13 North Common Road, Ealing, London, W5 2QB