

Green Light Pharmacy Pre-registration Pharmacy Student Training Course Application & Booking Form

Pre-reg Student Details (please complete 1 form / student)

Title (Mr, Mrs, Miss etc.)	
First name	
Surname	
Home address	
Phone number (mobile)	
E-mail	

Tutor Details

Title (Mr, Mrs, Miss etc.)	
First name	
Surname	
Pharmacy name & address	
Phone number (work)	
E-mail	

How did you hear about this course?	
Were you referred by a friend / colleague?	
If yes please name your referrer (£25 cashback can be claimed by a referrer, provided we have not already contacted them directly). <small>Terms & conditions apply</small>	

Is this booking part of a group booking?	
If yes what is the name of the contact for the group?	
If yes & part of a pharmacy group, what is the name of the pharmacy chain or pharmacy buying group?	
How many students are being booked?	

Invoicing & payment details

Name of the person responsible for payment of the invoice	
Billing address (including post code)	
Phone number	
E-mail	
Fax	

To make a booking

Please complete this form & send to the Green Light Office Manager by either :

e-mail: office@greenlightpharmacy.com

post: Igor Urresti, Green Light Pharmacy Head Office, 228-230 Uxbridge Rd, Shepherds Bush, W12 7JD

fax: 0208 749 4638

Places are limited & so will be confirmed on a first come first served bases only. Please note places for **individual** session bookings require a 50% non refundable deposit to be paid in advance.

For any queries please phone 0208 749 4638