



# - based Therapy Bea Inclusive

## Booking Form INSET Training

Date:	
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### *School details*

Name/s and job titles	
Address	
Post Code	
Telephone	
E-mail address	

### *Payment details*

Please select	I am forwarding a cheque for the training fee of <b>£450</b> - cheques payable to <i>Bea Inclusive</i> <input type="checkbox"/> <i>and</i> I wish to be invoiced and details are given below <input type="checkbox"/>
Name of person/school to be invoiced	
Address	
Post Code	
E-mail	

Please return this form either by e-mail to [bea@beainclusive.com](mailto:bea@beainclusive.com)  
or by post to: Beata Bednarska, 30 Pershore Road, Middleton, Manchester, M246EN