



Course Booking Form

Course Title

.....

Venue

.....

Date/s

.....

Payment Enclosed

.....

Name/s

.....

.....

.....

.....

Organisation

.....

Address

.....

.....

.....

.....

Mobile

.....

E-mail

.....

Please return this form with payment to:

- ▶ The Muir-Walker Medics Co-operative Limited
PO Box 5146
Brighton BN50 9TG

Cheques should be made out to 'Muir-Walker Medics Co-op'

- ▶ Tel: 0845 223 5439
- ▶ Email: admin@muir-walker.coop
- ▶ Web: www.muir-walker.coop

- Training ◀
- Event Cover ◀
- Medical Supplies ◀
- Expedition Medicine ◀
- Consultancy ◀