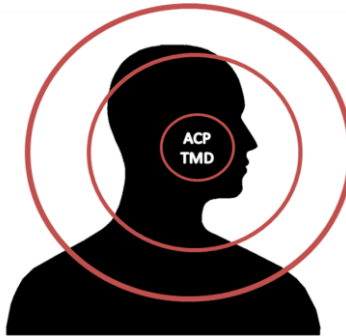


*THE ASSOCIATION OF  
CHARTERED PHYSIOTHERAPISTS IN  
TEMPOROMANDIBULAR DISORDERS (ACPTMD)*



## **COURSE APPLICATION FORM**

**Which course do you want to attend?**

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Venue:** \_\_\_\_\_

- ✓ To ensure a place on this course please **fill in your personal details** below
- ✓ Send this form with a **cheque for full course payment** made payable to **ACPTMD**  
(For mailing address and specific course prices see the ACPTMD website)
- ❖ If you would prefer to pay by **Bank Transfer** email the course co-ordinator named on the course advert on the website.

Name: \_\_\_\_\_

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

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

Tel No(s): \_\_\_\_\_