



Chronic Pain Management
Modules 7 – 10
9th – 12th September 2022
Venue: **Sulhamstead, West Berkshire**

Leading to the ECAS(WVA&CPM) award

Name:.....

Address:.....

.....

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Mobile:.....

Email:.....

RCVS Number:.....

Dietary Requirements:.....

Please reserve me a place for the following dates: 9th – 12th September 2022

- Each module (day of training) is £345. All four modules will be £1,380 (No VAT)

This fee does not include accommodation.

Payment: PLEASE NOTE NEW BANK ACCOUNT DETAILS

Payment by BACS to be made as follows: **Please put your name in payment line.**

Longview CPD, Starling Bank: Sort Code: **608371** Account Number: **63036657**

Overseas payments: IBAN: GB04 SRLG 608371630 36657 BIC: SRLGGB2L

PLEASE READ AND SIGN Terms and Conditions on PAGE 2



Terms and conditions for Longview CPD Courses

These must be read and agreed:

All delegates must be registered MRCVS or RVNs.

The fee includes a Certificate of Attendance; a set of course notes; and electroacupuncture machine (module 5 only) access to a closed Yahoo group for ongoing advice, support and further information.

If registration numbers are not sufficient for the course to run, delegates will be informed within two weeks of the date of the start of the course and fees will be returned in full. Longview CPD can accept no responsibility for any other costs incurred.

The fee is non-refundable, but in the case of sickness or inability to attend any part of the course, transfers may be made to another course for that part missed.

Our General Data Protection Regulation (**GDPR**) (EU) 2016/679 Statement is detailed below. **Longview CPD Ltd** is registered with the Information Commissioner's Office for the purposes of processing personal data. The information you provide will be held and used in accordance with the requirements of UK and European data protection law. For our full GDPR and Privacy Policy please go to www.longviewcpd.com

Please tick here if you would like to opt out of receiving information about future courses provided by WVAG or Longview CPD.

Declaration: I have read and agree to these terms and conditions:

Signature:

Name (in block capitals):

Date:

*Please scan and email to: longviewcpd@gmail.com
or send to Correspondence address below.*