



**EXERCISE PHYSIOLOGY / NUTRITION /
LEGAL & AUDIT / PHARMACOLOGY**

Circle as Applicable

9.30 AM – 5.00 PM

BCOM FRASER HOUSE CAMPUS
6 NETHERHALL GARDENS, LONDON NW3 5RR

REGISTRATION FORM

Name
Address
e-mail
Telephone: Home _____; Work _____ Mobile: _____
Other information: a) GOsC Registration number: _____ b) Profession (if not an Osteopath): _____ c) Name of Osteopathic Institution (if student): _____

Students = £65; Practitioners = £120

To ensure reservation of a place, please return the registration form
one month prior to date of course

I enclose a cheque (payable to BCOM) to the value of:

Post to: CPD, BCOM, 120-122 Finchley Rd, London, NW3 5HR