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[www.tisovn.com](http://www.tisovn.com)

Email – admin@tisovn.com

**WORKSHOP FORM**

**FOR DIRECT DEBITS ONLY**

Please complete this form and email it to [admin@tisovn.com](mailto:admin@tisovn.com)

All workshops have limited seats. Students can enroll in more than one workshop and can use the one form

Workshops may change dates due to Corona Virus and Government regulations

WORKSHOP DETAILSDetails

* Workshop Name/s  --------------------------------------------------------------------------------
* --------------------------------------------------------------------------------
* --------------------------------------------------------------------------------

Workshop Price -------------------------------------------------------------------------------

Workshop Date ------------------------------------------------------------------------------

Workshop Times -------------------------------------------------------------------------------

Workshop Total Price -------------------------------------------------------------------------------

PERSONAL DETAILS

Title -------------------------------------------------------------------------------

First Name -------------------------------------------------------------------------------

Last Name -------------------------------------------------------------------------------

Gender -------------------------------------------------------------------------------

D.O.B -------------------------------------------------------------------------------

Address -------------------------------------------------------------------------------

-------------------------------------------------------------------------------

Telephone -------------------------------------------------------------------------------

Email -------------------------------------------------------------------------------

PAYMENT OPTIONS

Payment Option [ ] Direct Debit Instalments

How much do you want to pay a week? -----------------------------------------------------------------------------------------

What date do you want the first deduction?-------------------------------------------------------------------------------------

**Students will receive via sms/email, the necessary form to complete for payments.**

**PLEASE NOTE: WORKSHOP MUST BE PAID IN FULL 7 DAYS PRIOR TO EVENT FOR NON TISOVN STUDENTS. TISOVN STUDENTS CAN CONTINUE TO PAY FOR THE WORKSHOP AFTER THE EVENT**

ACCEPTANCE

Student Name (Please print your full name)-----------------------------------------------------------------------------------

Date (DD / MM / YYYY) -----------------------------------------------------------------------------------

Student Signature (Please sign here) -----------------------------------------------------------------------------------

***How did you hear about TISOVN Workshops?***

[ ] Google

[ ] Facebook

[ ] RSPCA

[ ] Vet Clinic (which one)-------------------------------------------------------------------------------------------------------------

[ ] Referred (by who) ----------------------------------------------------------------------------------------------------------------

[ ] Other (please specify)------------------------------------------------------------------------------------------------------------