10th A.M.I. MONTESSORI REFRESHER COURSE 2010
REGISTRATION FORM

(Please use a separate registration form for each person attending)

Name _____

Address _____

_____

Tel no. _____ **E-mail:** _____

Name to be styled on the Certificate _____
(Please print clearly)

AMI Qualification 0-3 Diploma/3-6 Diploma/6-12 Diploma *(please circle applicable qualification)*
AMI Diploma Number _____
Training Centre trained at _____
Year of Course _____

(The Refresher Course Certificate can only be issued if the above information is supplied)

If you are being sponsored by a school please complete the section below:
Name of School _____
Name of Head Directress _____
School Address _____

_____
School Tel no. _____

Method of payment

Payment Due Date: Payment for the Course must be received by **Monday 12th July 2010**
Payment Amount: ☐ £90 AMI Montessori Diploma Holders
☐ £80 School Sponsored Discounted Rate for multiple attendees

Payment Method:
☐ I have enclosed a cheque (made payable to Maria Montessori Training Organisation)
☐ I authorise payment on the following credit card:
Name on card: _____ Expiry Date: ___ /___
Card Number: _____Security Code _____
(last 3 numbers on back of card)
Signature of cardholder: _____

Please notify our office if you have to cancel your registration.
A £20 administration fee will be deducted from any refund.

Office use only:

Payment received ☐ Date: _____
Receipt sent ☐ Date: _____
Receipt number _____

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