



Course Application Form

IMHAP
1A Phelps House,
133A St Margarets Road
Twickenham
TW1 1RG

www.imhap.org.uk

Course Information

Details of course you wish to apply for.

Course Name

Course ID Number

Quantity

Contact Information

The fields below should be completed with your organisation's details and not your personal details.

Organisation Name

Email Address

Telephone

Website

Fascimile

Who Are You?

Please specify your own contact information below.

Title

Forename

Surname

Email Address

Telephone

Ext.

Position

Department

Membership Number

Your Address

Please specify the address where correspondence should be sent to.

Street Address

County/State/Province

Country (if not UK)

Town/City

Postcode/Zip