

# 2-Day TCM Internal Medicine CPD Seminar

## Booking Form

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Post Code \_\_\_\_\_ Tel \_\_\_\_\_

Email \_\_\_\_\_

Date of birth \_\_\_\_\_

Occupation \_\_\_\_\_

Place of work \_\_\_\_\_

Professional qualifications \_\_\_\_\_

\_\_\_\_\_

Professional interests and specialisation \_\_\_\_\_

\_\_\_\_\_

I apply to book a place on the CPD seminar running on \_\_\_\_\_

I enclose a non refundable fee of:

£100

Signature \_\_\_\_\_

Date \_\_\_\_\_

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Please make cheques and postal orders payable to Dragomir Lubomirov.

Post the application form (and cheque) to: Dragomir Lubomirov • 46 Fairmead  
Road • London • N19 4DF

Email [dragomirl@btinternet.com](mailto:dragomirl@btinternet.com) to reserve your place or request bank details.

Tel. +44 7976 253682