# Application Form – Four-day workshop ACT in Rehab.

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| --- | --- |
| **Name** |  |
| **Address** |  |
| **Zipcode and town** |  |
| **Date of birth** |  |
| **Phone number** |  |
| **E-mail** |  |
| **Function** |  |
| **Previous ACT education/experience** |  |
| **Coming with team members (give names of team members that also participate)** |  |

**Conditions for cancellation:**

Cancellation is allowed free of charge until May 1st. After that 25 % of the price of the workshop is due.

If you cancel after June 7th, you are bound to pay the full price.

**By sending us this form you agree with the conditions of delivery and privacy, as stated on the website** [**www.actcursus.nl**](file:///C:\Users\ACT_2\Downloads\www.actcursus.nl)**.**