

# The Essex Institute



*Professional Training in Clinical Hypnosis*

**Please enrol me as a student on the Smoking Cessation Specialist Course**

I wish to pay: (please indicate)

**In advance - £400.00** Sterling for the complete course

**Per module - £100.00** Sterling per module

I have enclosed relevant payment of: £.....

**OR:** Please debit my credit card:

Card type: ..... Number:..... Expires...../.....

Issue Number (if applicable): ..... Security Code (last 3 digits on back of card): .....

Name:.....

Address:.....

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Telephone:..... FAX:.....

Email: .....

**Please return this completed form to:**

**The Essex Institute**  
Essex House, Clarence Road, Southend on Sea  
Essex SS1 1AN United Kingdom

or FAX to +44 (0)1702 434432