

 FMCDPHYSIOTHERAPY

Fiona McDevitt MISCP, MCPA, CST-T, MIACST

Chartered Physiotherapist, Craniosacral Therapist

Equine Assisted Learning Facilitator

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 REGISTRATION FORM  

Name:

Address:

Telephone

Email:

Profession:

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Please indicate if will bring Portable Table **YES NO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total cost for course *is €365.***  (includes all course material - workbooks, tape and scissors)

***The course fee must be paid to confirm registration***

**NB: please forward evidence of payment with registration form:**

**PAYMENT METHODS**

1. **Cheques –** please cross and makepayable to **FMcD Physiotherapy Ltd**

 **Postal Address:** Fiona McDevitt, c/o FMcD Physiotherapy Ltd,

 Suite 7a South Terrace Medical Center, Infirmary Rd, Cork

**OR**

1. **Electronic payment**:

 FMcD Physiotherapy Ltd.

**Branch**: AIB 26 Patrick’s St, Cork

**BIC**: AIB KIE 2D

**IBAN**: IE82AIBK93414350486032

**NB: On Narrative please include “Your Name” and “Taping”**

**Please email to confirm payment to** **antoinetteoconnor877@gmail.com**

1. Downloadable form on **www.fmcdphysiotherapy.com**

 I enclose payment of €365 YES

Signed:Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please return**

1. Completed form (Signed)
2. Confirmation of payment (Scan/ Photo)

 **TO:** **antoinetteoconnor877@gmail.com**

 **Tel:** 087 222 6878 Fiona McDevitt

 fiona@fmcdphysiotherapy.com

 www.fmcdphysiotherapy.physio

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*Approved by VHI, Irish Life, Laya Healthcare*