Invoice Details Form

| Candidate Name | |
|--|-------------------|
| Candidate GDC No. | |
| Re NEBDN Certificate in Dental Radiography | |
| Start: 8/12/17 Finish: 7/9/18 Location: Fairfield Manor York. | |
| Registration and | d exam entry £195 |
| Please note that this fee is non-refundable once you have been registered for the course | |
| ine course | |
| Invoice Details | |
| Please give full details of the person and postal address that the invoice is to be sent to: | |
| Name | |
| Address | |
| | |
| | |
| Postcode | |
| Telephone no. | |

Pleases note that invoices will be sent to the above via Wakefield College