

**THE RECORDING WORKSHOP**  
**UNIT 10, BUSPACE STUDIOS, CONLAN STREET, LONDON, W10 5AP**  
**TEL: (020)8968 8222 FAX: (020)7460 3164**  
**E-mail: jose@therecordingworkshop.co.uk Website:**  
**www.therecordingworkshop.co.uk**

The Recording Workshop Ltd T/A The Recording Workshop Registered in England No 05798223 Registered Office: 117 Buspace Studios, Conlan Street,  
London W10 5AP  
VAT Registration No: 882285886

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PART TIME COURSE APPLICATION / REGISTRATION FORM

Please detach and return to the above address.

NAME: (MR/MS).....

DAYTIME TEL:.....

MOBILE TEL: .....

EVENING TEL:.....

ADDRESS:.....

POST CODE: .....E-MAIL: .....Date Of Birth: .....

NATIONALITY: ..... OCCUPATION: .....

Please fill in the details of the course you wish to enrol for:

COURSE TITLE(S): ..... DAY OF THE WEEK: .....

TIME: ..... TO ..... STARTING DATE: ...../...../ 200...

FEE (see page 5): £..... TICK IF APPLYING FOR CONC. RATE ( )

Please tick the method of payment you wish to use:

Full payment enclosed ( )

Deposit (£85/course-not refundable) enclosed, balance due 8 days before session 1 ( )

Deposit (£85/course-not refundable) + 5 post dated cheques enclosed: scheme A ( )

Deposit (£85/course-not refundable) + 5 post dated cheques enclosed: scheme B ( )

Deposit for full time course (£1130) enclosed, balance due 8 days before session 1 ( )

MULTIPLE COURSES:

Deposits to be paid before session 1 of 1st course to get discounts.

Please telephone for instalment payment details.

Make cheques or postal orders payable to: **TRW**.

Cash and credit card welcome. ALL PAYMENTS DUE BY 8 DAYS BEFORE SESSION 1.

PLACES CAN ONLY BE RESERVED ON RECEIPT OF DEPOSIT OR THE FULL FEE.

Any enquiries please call José on 020-8968 8222 and leave a message if the answerphone is on.

*It would be helpful if you could answer the following questions:*

WHAT INSTRUMENTS DO YOU PLAY? INCLUDING VOCALS & D.J.: .....

.....

WHAT STYLE OF MUSIC ARE YOU INTERESTED IN? (IE. CLASSICAL, POP, ROCK, DANCE, SOUL,  
FOLK, WORLD MUSIC, ETC...)

.....

HAVE YOU HAD PREVIOUS RECORDING EXPERIENCE? IF SO PLEASE DESCRIBE

.....

WHAT SPECIFICALLY DO YOU WANT TO ACHIEVE FROM DOING THIS COURSE?

.....

( ) please tick if you do not wish to be included in the mailing list.

PLEASE READ THE TERMS AND CONDITIONS OVERLEAF AND SIGN WHERE INDICATED.

## Terms and Conditions

1. All course places can only be reserved on receipt of deposit or full payment.
  2. The deposit is absolutely non refundable or transferable unless no places are available.
  3. There is no refund for lateness or absence from any or all of the sessions after session 1.
  5. There is no refund for dropping out of the course after 8 days before session 1. If notified before the fees paid will be refunded minus the deposit.
  4. The total payment has to be made in full or with guaranteed post dated cheques as instructed on page 4 of the prospectus by 8 days before session 1 otherwise students will be removed from the course and lose their deposit.
  5. The recording workshop reserves the right to refuse admission without explanation.
  6. Students are not allowed to smoke in the studio.
  7. If for any reason a student enrolls late so as to start a course at session 2 such as there being a spare place the full fee will be due at least 2 days before session 2. No refund will be allowable for dropping out or any absence after session 2.
  8. Students are not allowed to touch any controls other than those specifically instructed by the course tutor.
  9. mobile phones to be switched off during lessons.
- I have read and understand the "Terms and Conditions" stated above and agree to be bound by them.

Signature: ..... Date: .....

If you want to pay by credit card by mail or over the telephone/fax please fill in the coupon below.

**NB: There is a 3 % surcharge for paying by credit card. (Not debit cards).**

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**I wish to pay by: Mastercard/Eurocard/Visa/Amex/Switch/cheque/postal order**

**I authorise you to debit my account with the amount of £.....**

**My Card number is: .....**

**Expiry date of card:.....**

**Valid from date: ..... Issue number: .....**

**Security code (last 3 digits on signature strip): .....**

**Name (as on card):.....**

**Cardholders address:.....**

.....

**Signature:..... Telephone: .....**