



GOLF HEALTH FOUNDATION SEMINAR



COSTA DEL SOL, SPAIN
15-16 FEBRUARY 2004

REGISTRATION FORM

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Contact Address _____

Country _____

Contact Telephone _____ Fax _____

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Or

I hereby authorise PGA of Europe to debit my Credit/Charge Card with the amount of £275

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The Professional Golfers’ Associations of Europe Limited

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Full Programme details can be found on the PGAE website - www.pgae.com