Calligraphy Correspondence Course

APPLICATION FORM

Please complete this form in type or print clearly in black pen.

Surname			
First names			
Mr/Mrs/Miss/Ms		Date of birth	

Permanent address			
		Postcode	
Country of permanent residence			

Telephone	
Mobile	
Fax	
E-mail	

Do you have any previous calligraphic experience?
Where did you hear about the course?

Please send this completed form, together with the completed fee payment form, and your payment, to:
SSI Calligraphy Correspondence Course, The Society of Scribes and Illuminators,
38 Queensville Road, Clapham Park, London SW12 0JJ, United Kingdom