

SCHEDULE 1
Model cancellation form

To: Warwick Medical School
The University of Warwick
University House
Kirby Corner
Road Coventry
CV4 8UW

Tel: 024 76575554

I (the consumer) hereby give notice that I cancel the contract for my participation in the Course detailed below.

Course Title :
.....

Ordered on (date) :
.....

Name of consumer :
.....

Address of consumer :
.....
.....
.....

Signature of consumer :
.....

Date :
.....