



Fax-Back Training Course Booking Form

Course Title or Code: _____

Date(s) of Course: _____

Name (s) of Attendee(s):

1. _____ 2. _____

3. _____ 4. _____

Your Name (course attendance organiser): _____

Email Address: _____

Purchase Order Number _____

Name of your Company _____

Department: _____

Address: _____

_____ Post Code: _____

Telephone No: _____ Fax No: _____

Invoice Address: _____

(If different _____

from the above) _____

Signature: _____ Date: _____

Tick box if;

You wish to receive information about local hotels

Attendees have special dietary requirements (please supply details)

Please fax this completed form to 01908 552211