

COURSE BOOKING FORM

1 CLIENT DETAILS

Company Name:.....

Address:.....

..... Post Code:.....

Contact Name:..... Telephone:.....

E-mail:..... Fax:.....

2 DELEGATE DETAILS

Number of Delegates:.....

Delegate Names:

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

3 COURSE DETAILS

Course:.....

Date(s):.....

Venue:.....

Cost:.....

Quote Ref:.....

4 PAYMENT DETAILS

I wish to by: Invoice Credit card Purchase Order No.

5 AGREEMENT

I acknowledge that I have checked the details shown and confirm that they are correct. I wish to proceed with the booking and place this order subject to **trainingwales** Terms and Conditions. This order takes precedence over any other previous agreement.

Company Details for invoicing purposes:

Purchase Order Number:.....

Authorised by:.....

Name (Please Print):.....

6 DEBIT/CREDIT CARD

Please indicate your choice by ticking box

CARD TYPE:.....(VISA / SWITCH / MASTERCARD ETC.,)
 (No charge for debit card payments. If paying by Credit Card there is an additional 1.5% card use charge to be added.)

Card Number: / /..... /.....

Start Date: / Expiry Date: /.....

Issue No.: (Switch) Security No.:..... (3 Digit in back strip)

Name On Bottom Of Card:.....
 (as it reads on the card)

Sum To Be Debited: £.....

Signed:.....

