

## 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..... Date of Birth:.....

2..... Date of Birth:.....

3..... Date of Birth:.....

4..... Date of Birth:.....

5..... Date of Birth:.....

6..... Date of Birth:.....

7..... Date of Birth:.....

8..... Date of Birth:.....

9..... Date of Birth:.....

10..... Date of Birth:.....

### 3 COURSE DETAILS

Course:.....

Date(s):.....

Venue:.....

Cost:.....

Quote Ref:.....

### 4 PAYMENT DETAILS

I wish to pay by: Invoice  Credit card  SFI   
(Fill in section 5) (Fill in section 6)  
SDF  Upskilling@Work

### 5 INVOICE 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 **NPTC Group of Colleges** 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 provide us with contact information so that we can contact you to take payment over the phone.

Name:.....

Telephone Number:.....

Name on Card:.....

Sum to be debited:.....

Signed:.....

Comments (Please let us know if you would like us to contact you at a specific time or date):.....

.....

.....

