

# Course Booking Form

The information you provide will only be used for the administration of your booking



## Section 1: Course Selection

Course Name: .....

Course Date/s: .....

Course Code: .....

## Section 2: Delegate Details

Delegate Name: .....

Delegate Number: .....

Delegate Address: .....

.....Postcode: .....

Delegate Email: .....

## Section 3: Payment Details (tick if the same as above )

Name of Person or Company to be billed: .....

Contact Number for Payment: .....

Billing Address: .....

.....Postcode: .....

Email: .....

I agree to abide by the terms and conditions. I can confirm that I have been informed about the pre-requisites in respect of attending this/these course/s and can confirm that I have the appropriate knowledge of the subject of the course/s that I am attending.

Print Name: .....

Signed: .....

Date: .....

