

# Course Booking Form



Title of course	
Date of course	
Location of course	
Name	
Organisation	
Position within organisation	
Address	
Telephone number	
Mobile	
email	
Payment method	<input type="checkbox"/> Paypal <input type="checkbox"/> Cheque enclosed <input type="checkbox"/> Please Invoice - Please provide details below
Name and address of organisation that	
I have read and agree with the terms, conditions and cancelation policy <input type="checkbox"/> (please tick).	
Signature	Date