

# Booking Form

Please book the following person(s) onto this course

## Delegate Details

|                    | Delegate 1 | Delegate 2 | Delegate 3 |
|--------------------|------------|------------|------------|
| Title: Mr/Mrs/Miss |            |            |            |
| First Name         |            |            |            |
| Surname            |            |            |            |
| Job Title          |            |            |            |
| Department         |            |            |            |
| Tel Number         |            |            |            |
| Email Address      |            |            |            |
| Fax Number         |            |            |            |
| Approving Manager  |            |            |            |

## Course Details

|                |  |
|----------------|--|
| Course Title   |  |
| Course Details |  |
| Course Costs   |  |

## Organisation Details

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

No of Sites: \_\_\_\_\_

Number of employees: \_\_\_\_\_

Invoicing address if different from above

Address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

## Payment Options

Cheque enclosed, payable to City Training Services

Please Invoice

Purchase order number

I have read and understood the terms and conditions of business on the reverse side of this form.

Signature \_\_\_\_\_ Date \_\_\_\_\_