**Booking Form - Multidelegate Training**



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| **1a: Name of the person making the booking:** |  |
| **1b: Job title:** |  | **1c: Organisation** |  |
| **Type of organisation:** (for rates, see note (3) of Terms and Conditions)Doesn’t apply to fixed-rate courses  | (a) Individual (b) Vol/charity local (c) Vol/charity national (c) Statutory (d) Commercial |
| **2: Contact Details:** |
| **(a) Full postal address** |   |
| **(b) Telephone Number:**  | **Landline:****Mobile:**  |
| **(c) Email Address** |  |
| **3: Delegate Details (if different to above)** |
| **Name(s) of delegate(s)** | **Job Title** | **Mobile number** | **email** |
| 1: |  |  |  |
| 2: |  |  |  |
| 3: |  |  |  |
| 4: |  |  |  |
| **4a: Title of course you wish to attend:** |  |
| **4b: Date/venue:** |  |
| **4c: Cost per delegate** |  |
| **4d: Please specify additional needs that you may have to access/benefit from the training:****4e: Please specify any dietary requirements you may have:** (please note at fixed-rate Co-operative Training events, no lunch is provided)**4f: I DO/NOT wish to be notified of future training events. (**Delete as appropriate) |
| **5: Payment Details**Please complete as applicable: (see note (5) of the Costs, Terms and Conditions)* I have attached a cheque to cover the cost of training (Cheques made payable to K. Flemen)
	+ Amount attached: £
* I have attached a purchase order for: £
* Payment will be made within 28 days of the training and I have attached a letter from my Line Manager confirming that this payment will be made.
* Other, as agreed (specify).
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| **6: I have read and agree to the terms and conditions:** **Signed: Date:** |
| **7: Please EITHER email the completed document to mail@kfx.org.uk or post to  KFx, 49 Lansdowne Drive, LONDON, E8 3EP.** |