**Booking Form - Multidelegate Training**



|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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). | | | | | | | | | | |
| **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.** | | | | | | | | | | |