

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 Condition	(a) Individual (b) Vol/charity local	(c) Vol/charity national	
Doesn't apply to fixed-rate courses	(c) Statutory	(d) Commercial	
2: Contact Details:			
(a) Full postal address			
(b) Telephone Number:	Landline:		
(b) Telephone Number.	Mobile:		
(c) Email Address	inio Silio.		
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			
4c: Please specify additional needs that you may have to access/benefit from the training:			
4d: Please specify any dietary requirements you may have:			
(please note at fixed-rate Co-operative Training events, no lunch is provided)			
4e: I DO/NOT wish to be notified of future training events. (Delete as appropriate)			
5: Payment Details			
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