

Training Course Booking Form



INVOICE ADDRESS

Company/Organisation:	
Address:	
	Post Code:
Email:	Telephone:
Fax:	Mobile:

BOOKING CONTACT

Title:	First name:	Surname:

DELEGATE INFORMATION

Title:	First name:	Surname:
Position held:		
Mailing address:		
		Post Code:
Telephone:	Email:	Fax:

COURSE DETAILS

Course Title:	Course date:
Location:	Agreed Course Price: £

NATURE OF BUSINESS (Please tick)

Agriculture, forestry & fishing	Transport, storage & communication	
Mining & quarrying	Finance & business	
Electricity, gas & water supply	Public administration/Local Government	
Manufacturing (please state)	Fire, Police and/or emergency services	
Construction	Schools, colleges or education	
Trade (wholesale/retail) & repair	Health & Social work	
Hotels & Restaurants	Other (please specify)	

ACCOMODATION & MEALS

Do you require accommodation information and/or details arranging?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you require meal/refreshments? Charge £20 per day	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Any special dietary requirements can be arranged on the day(s) of the course		

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PAYMENT

<input type="checkbox"/> Payment by cheque	<input type="checkbox"/> Payment by BACS
<input type="checkbox"/> Cheque enclosed	Health & Safety Management Services Limited Account details below:
Cheque made payable to: Health & Safety Management Services Limited	Bank Sort Code: 60-09-09 Account No: 71068147
Authorised by:	Position held:

<input type="checkbox"/> Payment by invoice *	Purchase Order No:
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* Invoices MUST be paid prior to the course start date, unless otherwise agreed

Signature:	Date:

TERMS AND CONDITIONS

I have read and agree to the terms and conditions

PLEASE SEND COMPLETED BOOKING FORMS TO:

Health & Safety Management Services Ltd 7, Lyle Close, Melton Mowbray, Leicestershire.
LE13-1HS

Email: ken@hasmsl.co.uk

Telephone: 07835-722235
www.hasmsl.co.uk