

In House Booking Form

1st Floor | Unit 17 | Stonefield Close | South Ruislip | HA4 0XT Tel: 020 8845 7676 Fax: 020 8845 5566

**COMPANY DETAIL**

NAME OF COMPANY: \_\_\_\_\_

ADDRESS (for invoicing): \_\_\_\_\_

\_\_\_\_\_  
POSTCODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

FAX: \_\_\_\_\_ CONTACT: \_\_\_\_\_

POSITION: \_\_\_\_\_

YOUR PREFERENCE FOR COMMUNICATION: (email? phone? fax?)

**COURSE DETAILS**

TYPE OF COURSE REQUESTED: \_\_\_\_\_ DATE (S) OF COURSE: \_\_\_\_\_

START TIME: \_\_\_\_\_ NUMBER OF DELEGATES: \_\_\_\_\_

FINISH TIME: \_\_\_\_\_ SPECIAL REQUESTS: \_\_\_\_\_

**VENUE INFORMATION**

ADDRESS (If different from above): \_\_\_\_\_  
\_\_\_\_\_  
POSTCODE: \_\_\_\_\_

CONTACT PERSON\* (if different from above): \_\_\_\_\_ TEL: \_\_\_\_\_

COFFEE/ LUNCH ARRANGEMENTS: \_\_\_\_\_

IS THERE A POWER POINT PROJECTOR WITH/ WITHOUT\*\* COMPUTER? \_\_\_\_\_

WILL YOU BE PROVIDING A FLIP CHART ? : \_\_\_\_\_

WHAT ARE THE CAR PARKING ARRANGEMENTS FOR THE TRAINER ? : \_\_\_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_

\* Please provide a **mobile** phone as necessary, e.g. weekend & evening training.  
\*\* Please advise if **no** computer is available. The trainer will bring his/her own CD/ computer as necessary.

**TERMS AND CONDITIONS** Unless other arrangements have been made we will invoice you immediately after the completion of the course. Payment is due within 30 days from the date of the invoice. All prices quoted are exclusive of V.A.T. Full payment will be levied for cancellation of less than 14 days written notice. First Aid at Work and Re-qualification courses are limited to a maximum of 12 delegates per course per trainer (H.S.E. Regulations).

I agree to the above terms and conditions and request training as above.

**Purchase Order No.** \_\_\_\_\_ **AUTHORISED SIGNATURE:** \_\_\_\_\_

**NAME:** (Please print) \_\_\_\_\_ **POSITION IN COMPANY:** \_\_\_\_\_