

OPEN COURSE BOOKING FORM EMAIL/ WEB VERSION

Please complete the following details, print this form and either send or fax this form back to us. Joining instructions will be sent approximately 7-10 days prior to the course. If you cannot print this form, please call 0208 845 7676.

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

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

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

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

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

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

TYPE OF COURSE \_\_\_\_\_ DATE OF COURSE \_\_\_\_\_

NAME(S) OF CANDIDATES & POSITION IN COMPANY  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TOTAL PLACES REQUIRED \_\_\_\_\_ P/ORDER No. \_\_\_\_\_

INVOICE ADDRESS IF DIFFERENT FROM ABOVE  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ POST CODE \_\_\_\_\_

SIGNATURE OF CONTACT PERSON: \_\_\_\_\_

CREDIT/ DEBIT CARD and SWITCH PAYMENTS (sorry not Electron)

Name on credit card \_\_\_\_\_ Card number \_\_\_\_\_

Security No. (Last three digits by signature strip)

Valid from: \_\_\_\_\_ Expiry date: \_\_\_\_\_ Issue No. \_\_\_\_\_

Signature of cardholder \_\_\_\_\_

TERMS: 80% refund or credit given for a later course if written cancellation received 14 days in advance. Payment with this booking form guarantees a place(s) unless other arrangements have been agreed.

**Please send or fax this form when completed to:**

**Alan John Associates Ltd OPEN COURSES**