

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:** _____