## **Booking Form**

Please photocopy this form for each course required and return.



<b>Company details</b> (please place 'x' in th	ne appropriate choice box)			
Company Name:			Member Non Member	
Address:			CITB Levy No.*	
			Postcode:	
Tel No:	Email:			
Booked by (CAPS):		Bookers Mobile:		
			This number will be used for contact and feedback purpo	
Course/Qualification to be booked				
Course title		Date(s)	Choice of Location/Remote	
Mk did h			J. [	
Where did you hear about the course qualification?*				
Delegate 1				
Name*			DOB*	
1st Line of Home Address*			Postcode*	
Email**	Mobile N	lo*	NI No*	
Delegate 2				
			DOR*	
1st Line of Home Address*				
			NI No*	
Delegate 3				
Name*			DOB*	
1st Line of Home Address*			Postcode*	
Email**	Mobile N	lo*	NI No*	
Delegate 4				
News*			DOB*	
4-41:			Do at a da W	
		lo*		
	equired to enable ARCA to claim gram			
			-	
Methods of Payment - Choose 1 of 3	<b>methods</b> (please place 'x' in the b	ox of your chosen metl		
1. By Training Credits			Invoice address if different from abo	
2. By Card Please debit my VISA	A Mastercard Switch/M	laestro for £		
Signature:	Date:	Purchase Ord	der No:	
By signing this booking form you are accep Please note: No delegate will be permitted			If you need a purchase order on your invoice, provide it now. Lack of purchase order cannot b used to refuse payment.	
	• •		el Drive, Stretton, Burton upon Trent, Staffordshire DE13 0E	