

Approved Associate Consultant - Booking Form

Section One: Your details

Full Name:	
Company Name:	
Company Address:	
Phone:	
Email Address:	
Number of Employees:	
Your position in the company:	
Special Dietary Requirements:	
Have you applied for any government funding since October 2007?	

Section Two: Additional Attendees

Name of Attendee (2)		Special Dietary Requirements:
Name of Attendee (3)		Special Dietary Requirements:

Section Three: Order Details

Full Course (including material) - £527.50 per person

Total Amount Payable

Section Four: Payment Details

I enclose a cheque for the total due (as above) made payable to Standards International

I authorise Standards International to debit my credit card as per the details below

Mastercard Visa Other Please specify _____

Card holders name			
Card holders address			
Card number			
Start date		Expiry date	
Three digit CSC code		(The three digit security code on the back of your card)	

I confirm that the information I have provided on this form is correct and complete.

Signed

Date

Please return this form (with a cheque if applicable) to:

Unit 5, The Granary, Fairclough Hall Farm, Weston, Hitchin, Hertfordshire, SG4 7DP

If you have any queries please Call: 01462 790 894 or Email: enquiries@standardsinternational.co.uk