



Fourelle House, Central Crescent, Marchwood Industrial Park, Marchwood, SO40 4BJ
 Telephone 02380 866888 Facsimile 02380 668549 Email info@abp.uk.com

Training Course Booking Form

Course Code:	Course Date:
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Course Title:

Company Name & Address:

Tel: _____ **Fax:** _____ **Email:** _____

Delegate (1) Name:	Delegate (2) Name:	Delegate (3) Name:

Delegate's Address <i>(if different from above)</i>	Delegate's Address <i>(if different from above)</i>	Delegate's Address <i>(if different from above)</i>

Training Venue:

ABP's Training Centre
 In-house Training /as company address/
 Other / please specify: _____

Method of Payment:

Crossed cheque payable to: ABP Associates Limited
 Please invoice my company with our order number
 Order Number: _____

Invoice Address: *(if different from above)*

A minimum of 21 days notice of cancellation prior to the first day of a course is required for a full refund. If cancellation or postponement takes place within 21 days of the first day of a course, a cancellation charge of 50% of the total course fee is payable. If cancellation takes place within 14 days of the first day of a course, no refund is payable and any additional expenses incurred will also be chargeable. We reserve the right to cancel a course within 10 working days of the first day of a course.

If the delegate has any special dietary requirements – please specify:

Person making the booking: _____ Date: _____

I understand that course fees must be paid before my commencement on the course.

Please let us know how you heard about this course:

Website
 UKATA
 Colleague
 Other