

Course Booking Form



Client Details

Contact Name _____
Organisation _____
Address _____
Postcode _____
Phone Number _____
E-mail Address _____

Booking Details

Delegate 1

Course	_____
Dates	_____ Fee _____
Delegate Name	_____
Job Title	_____
E-mail Address	_____

Delegate 2

Course	_____
Dates	_____ Fee _____
Delegate Name	_____
Job Title	_____
E-mail Address	_____

Total Fee _____

Payment – Please specify payment type

Credit/Debit card
Please call 0845 122 1555
for card payments.

Cheque (enclosed)
Please make payable to
Leeds Metropolitan University

Invoice
Please supply a purchase
order number _____

Special Requirements - Please specify any dietary or other special requirements

Declaration

I declare that the details given on this form are true to the best of my knowledge. I understand that if I cancel my place within four weeks of the course date I may be liable for the course fees.

Signed: _____ Date: _____

Please return to: nti, Leeds Metropolitan University, Old Broadcasting House,
148 Woodhouse Lane, Leeds, LS2 9EN