



# ONE DAY CARPET CARE COURSE BOOKING FORM

(PLEASE USE BLOCK CAPITALS)

## 1. List Of Delegates

	Initials	Surname	Job Title	Course Date	Dietary Request
*M					
*M					
*M					
*M					
*M					
*M					
*M					
*M					

\* Please state Mr/Mrs/Miss/Ms

++ Please state any dietary requirements e.g. vegetarian/nut allergy/gluten free

## 2. Company Details

**Company Name:** .....

**Address:** .....

.....

**Postcode:** .....

**Telephone No:** .....

**Premiere Account No:** .....

**Authorised By: (name)** .....

**(signature)** .....

## 3. Registration Fee

(Please make payable to Premiere Products)

**Number of Delegates @ £141.00 each (inclusive of VAT)** .....

**Total Amount Due** .....

**Number of Cheque or Postal Order Enclosed** .....

**Address to whom Invoice should be sent if different from above**

.....

.....

.....

**NOTE: The Registration Fee of £50.00 inclusive of VAT is non returnable.** In the event of a cancellation a credit note will be issued for the **Course fee** of £91.00 inclusive of VAT, in accordance with our Terms & Conditions.

## 4. Where did you hear of this course?

Premiere Training Centre	<input type="checkbox"/>	Colleague	<input type="checkbox"/>	
Premiere Representative	<input type="checkbox"/>	BICSc	<input type="checkbox"/>	
Premiere Product Catalogue	<input type="checkbox"/>	Industry Journal	<input type="checkbox"/>	Please state .....
Premiere Website	<input type="checkbox"/>	Other	<input type="checkbox"/>	Please state .....

### **FOR OFFICE USE ONLY**

Cheque Received	Invoice Raised	Invoiced	Confirmation

TCCarpetCareRegForm Aug07

