



# TWO-DAY TRAINING COURSE BOOKING FORM

(PLEASE USE BLOCK CAPITALS)

## 1. List Of Delegates

	Initials	Surname	Job Title	Course Date	Dietary Request
*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

**Name:** ..... **Telephone No:** .....  
**Address:** ..... **Premiere Account No:** .....  
 ..... **Authorised By: (name)** .....  
 ..... **(signature)** .....  
**Postcode:** .....

## 3. Registration Fee

(Please make payable to Premiere Products)

**Number of delegates @ £146.88 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 only** of £96.88 inclusive of VAT, in accordance with our Terms & Conditions.

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

Premiere Training Centre  Colleague   
 Premiere Representative  BICSc   
 Premiere Product Catalogue  Industry Journal  Please state .....  
 Premiere Website  Other  Please state .....

### FOR OFFICE USE ONLY

Cheque Received	Invoice Raised	Invoiced	Confirmation

TCREGFORM Aug07

