l.a.c.c.a.t services limited
lifetime access to care consultancy, assessment and training

# TRAINING - BOOKING FORM

| | |
|---|---|
| **MANAGER** | **TELEPHONE NUMBER**<br><br>**FAX NUMBER** |
| **ESTABLISHMENT** | |
| **ADDRESS**<br><br><br>**POST CODE** | |

| COURSE | DATE | TIME | NO OF PLACES |
|---|---|---|---|
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Complete and return to L.A.C.C.A.T. as soon as possible to secure the places you require.

**Please note that you will be invoiced for the number of places booked regardless of whether the candidate/s do or do not attend on the day if the bookings are not cancelled within 7 day of the course running.**