

BASIC EMERGENCY FIRST AID - BOOKING FORM

MANAGER	TELEPHONE NUMBER
ESTABLISHMENT	FAX NUMBER
ADDRESS	
POST CODE	
INVOICE ADDRESS IF DIFFERENT FROM ABOVE:-	

COURSE	NO OF PLACES TO BE BOOKED
WEDNESDAY 9TH AUGUST	
TUESDAY 5TH SEPTEMBER	
THURSDAY 21ST SEPTEMBER	
TUESDAY 3RD OCTOBER	
THURSDAY 26TH OCTOBER	
TUESDAY 14TH NOVEMBER	
THURSDAY 30th NOVEMBER	
WEDNESDAY 6TH DECEMBER	
THURSDAY 14TH DECEMBER	

All places will be booked on a first come first served basis.

Please remember this is a FREE course on condition that members of your staff attend; for every place not taken up that you have booked a charge of £28.20 inc VAT per head will be made.

I would like to book the above places on the Basic Emergency First Aid Courses.

I agree to pay the full cost of £28.20 inc vat per head for candidates who do not attend as indicated on the above booking schedule.

Manager Signature _____

Date _____

Fax to: - 0191 428 3420