

Training Booking Form

Please complete all sections of this form and return to us to secure your place(s) on your chosen course. Please continue on a separate sheet if required.

COMPANY DETAILS

Company Name

Full Address

Postcode

Contact Name Position

Telephone Number Fax Number

Email Address

COURSE DETAILS

Course Name

Course Ref. Code Date(s)

Duration of Course How Many Delegates?

DELEGATE DETAILS

Please continue on a separate sheet if required.

Delegate 1 Name	Delegate 2 Name
Any special requirements?	Any special requirements?
Delegate 3 Name	Delegate 4 Name
Any special requirements?	Any special requirements?
Delegate 5 Name	Delegate 6 Name
Any special requirements?	Any special requirements?
Delegate 7 Name	Delegate 8 Name
Any special requirements?	Any special requirements?
Delegate 9 Name	Delegate 10 Name
Any special requirements?	Any special requirements?

BOOKING TOTAL

Cost per Person £ (A)

No of Delegates (B)

TOTAL £ (AxB)

ADDITIONAL INFORMATION

Please use this space should you wish to raise any issues relating to your booking:

Please contact us for the current course cost prior to completing this form. Upon receipt and acceptance of your booking, we will provide you with a detailed invoice.

Please return this form by **FAX** to **029 2040 0165** or **POST** to Gateway Training 296 Picton, Watkiss Way, Cardiff, CF11 0SG

Should you need help completing this form, please contact us