

participant booking form

Please complete this booking form and return it, together with the appropriate fee, to Event Bookings, Accomplice at the contact address below. We regret that places cannot be reserved until the fee has been received or invoice been paid.

Programme Title:

Date:

Fee: plus VAT*

**If your organisation is exempt from VAT, please enclose a VAT exemption certificate.*

PARTICIPANT DETAILS

Surname:

Forename:

Name for Badge:

Job Title:

Organisation:

Organisation Address:

Postcode:

Work Tel:

Mobile:

Fax:

E-mail:

Your e mail address will be required to enable us to send you electronic information including pre-programme activities and web links.

SPECIAL NEEDS:

Please let us know of any special needs, access or dietary requirements you may have and how best to meet these.

PAYMENT METHOD

- I enclose a cheque for £ _____ made payable to Accomplice
- Please send an invoice to my organisation for the attention of:

Purchase order number (if relevant):

Address (if different to the one above):

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- I AGREE TO THE APPLICABLE BOOKING TERMS AND CONDITIONS *For our terms and conditions, please go to www.accomplice.uk.com/terms.htm*
- I AM RESPONSIBLE FOR MY OWN TRAINING *If you are not responsible, please obtain the signature from your authorising manager (below).*

Participant's Signature:

Date:

Authorising Manager

Name:

Job title:

Signature:

Date: