

Course Booking Form

Course Title: Course Date:

Company Details

Booking Contact:

Company Name:

Address:

Email:

Telephone:

Fax:

Delegate Details

Delegate Name:

Delegate Position:

Delegate Email:

Where did you find out about this course?

I agree to the terms and cancellation provisions below.

Signed: Name: Date:

Method of Payment:

I enclose a cheque made payable to: Integral Safety Solutions Ltd

All payments must be made in advance and are subject to Terms and Cancellation provisions below, a VAT receipt will be sent with booking confirmation.

Terms: Fees must be paid in full in advance and are payable with bookings. Cancellation provisions apply to all courses.

Cancellations: The Client is entitled to cancel any booking under the following terms only:

- Less than 15 working days will be subject to full fees
- Substitutions for original delegates may be made at any time, company must be notified of changes

Please return form with your remittance to:-
Integral Safety Solutions Ltd, 7 Millfield Crescent, Erskine, PA8 6JE
Or email to: mariessa@integralsafetysolutions.com
Telephone: 0141 812 0797/ 07792496842