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Booking Form

Name of Seminar:

Member No (if applicable): _____

1) First Name: _____ Surname: _____

2) First Name: _____ Surname: _____

3) First Name: _____ Surname: _____

Firm: _____

Address: _____

Telephone No: _____

E-mail: _____

Payment

I wish to pay by card:

MasterCard: Visa: AmEx: Visa Debit: Other:

Card No.: _____

Card Holder: _____

Expiry Date: _____ Security Code: _____

I wish to pay by cheque: €

Total Cost: €

Refund Policy

Full refund for written cancellation received up to five working days prior to event, but no refund thereafter. An alternative attendee can be nominated at any time up to and including the day of the event. There is no credit allowance for non-attendance.

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