PREMIER TRAINING SERVICES COURSE BOOKING FORM

Please complete the form and return to this office as soon as possible.

Course Title _____

Course Date(s) _____

Examination Date _____

Full Name _____ Mr/Mrs/Miss/Ms

Date of Birth _____

Job Title _____

Organisation/Company _____

Contact Name _____

Address _____

_____

_____Post Code_____

Telephone _____

Mobile _____

Email _____

Conditions of Booking

Cancellation/transfer of Courses

4 weeks before - no charge
1 - 4 weeks before - 50% charge
Less than 1 week before - Full fee charged
City & Guilds exam fees after registration - No refund

No substitutions accepted at any time for City & Guilds examination candidates.

All cancellations must be submitted in writing and confirmed by us, in writing.

Premier Training Services reserves the right to cancel any course or venue at any time. In this case, the full fee will be returned unless a mutually convenient transfer can be arranged.

This section must be completed

Fee _____

Vat _____

Publication Fee (excl. Vat) _____

Total _____

I confirm that I have read and accept the conditions of booking.

Signature: _____ **Date:** _____

Payment must be made in full with order

Confirmation will be sent to you upon return.

I enclose a cheque for £ _____ made payable to Premier Training Services (UK) Ltd.

Please charge my Debit or Credit Card Visa ☐ MasterCard ☐ Switch ☐ Delta ☐

Card Number

Amount £ _____

Valid From:_____ Expiry Date:_____ Issue Number (if printed on card): _____ Security No._____

Signature: _____ Date: _____

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