



## BOOKING FORM

Please complete the following details and either save the form and E-mail to [katherinewills@btinternet.com](mailto:katherinewills@btinternet.com) and follow with your payment. Or print the form and send by post. Alternatively please send an invoice contact name, address, and if necessary a purchase order number. For payment details please see below.

COURSE NAME:

COURSE DATE:

### CONTACT DETAILS

NAME:

ADDRESS:

Postcode:

E-MAIL ADDRESS:

PHONE (HOME):

PHONE (MOBILE):

**STUDENTS** (If not applicable, please leave blank)

NAME OF SCHOOL, COLLEGE OR UNIVERSITY:

**ADDITIONAL INFORMATION** (Applicable to 2 day emergency course only)

DO YOU REQUIRE ACCOMMODATION DETAILS

**PAYMENT** (Please tick relevant box)

Please confirm the amount paying:

CHEQUE\*

Please make cheques payable to **K A Wills**

BACS

HSBC Sort Code: 40-09-03 A/C 11627619

DISCOUNT CODE (if applicable) :

\* Please put your name and the date of the course on the back of all cheques.

Completion of this booking form is an acknowledgement that you have read and agree with the terms and conditions of Active First Aid Training.