

CPD On-Demand BOOKING FORM

Please return to: Maxine Preddy, email: maxinepreddy@bpp.com

Phone: 01534 711803



BPP
PROFESSIONAL
EDUCATION

PERSONAL DETAILS

Title: Mr/Mrs/Ms etc: _____

First Name: _____

Surname: _____

Date of birth: _____

Address for any correspondence (home / work)

Post code: _____

Daytime Telephone: _____

Mobile Telephone: _____

Email address: _____

Signature: _____

AUTHORISATION TO INVOICE EMPLOYER

Company name: _____

Authorising Manager: _____

Job Title: _____

Please tick if you wish to be advised of any absences

Company Address: _____

Post code: _____

Daytime Telephone: _____

Email Address: _____

Signature: _____

COURSE DETAILS

Course: _____ Date: _____ Cost: £ _____

Do you have any special need/disability that may affect you in the event of a building evacuation whilst you are on the premises? Yes No

(If yes, please arrive for the start of the first session 15 minutes early to allow for the local health and safety Officer to complete the necessary evacuation procedure and assessments with you).

PAYMENT DETAILS (please tick)

Grand total £: _____ Card type (please tick)

Card number _____ Expiry date: _____

Valid from: _____ Issue no: _____ Security code: (last 3 digits on signature strip) _____

Cardholder's name: (as it appears on the card) _____

Cardholder's address: (if different from above) _____

Cardholder's signature: _____ Cheque enclosed (payable to BPP CI Ltd)

Note: By signing this form you are agreeing to our Terms & Conditions as stated on our website. To read the full Terms & Conditions go to bpp.com/terms

