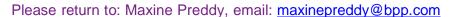
CPD On-Demand BOOKING FORM



Phone: 01534 711803



PERSONAL DETAILS	AUTHORISATION TO INVOICE EMPLOYER
Title: Mr/Mrs/Ms etc:	Company name:
First Name:	Authorising Manager:
Surname:	Job Title:
Date of birth:	Please tick if you wish to be advised of any absences
Address for any correspondence (home / work)	Company Address:
Post code:	Post code:
Daytime Telephone:	Daytime Telephone:
Mobile Telephone:	Email Address
Email address:	Signature:
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)	Invoice Card Cheque
Grand total £: Card type (please tick)	MasterCard Visa Switch
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	

