



## **COURSE APPLICATION FORM**

Course title		Ref:	
Location		Course date	
Surname		Forename	
Company		Company type	
Full address			
Telephone		Email	
Places		Total fee	1
required		£ (ex VAT)	
Total VAT £		Total fee £ (inc VAT)	
Payment by		Payment by	
cheque	enclosed	cheque	to follow (see t&c)
Payment by BACS	email me details	Invoice for records	required (see t&c)
Dietary / special needs			
interests			
Confirmation	I confirm that I / We have read the course brochure and agree to the terms and conditions for Ionactive Consulting Ltd training courses.		
Signed		Position	
Name		Date	