



Course Booking Form

Section 1 – Course Booking Information (One per delegate)

Course Title	
Course Start Date	
Name	
Address 1: Address 2: Town/City: County: Post Code:	

Section 2 – Course Payment

Payment of Fees (please tick relevant box)

<input type="checkbox"/>	Fee enclosed (Please make cheques payable to Skills Channel TV Limited (with home address and email on reverse)
<input type="checkbox"/>	Please invoice as detailed above/below (Delete) The Purchase Order Number is:
<input type="checkbox"/>	Other: <input type="text"/>

Section 3 – Other

Special Requirements

Please inform us of any special requirements for the course. For example, wheelchair access, allergies, hearing loops, etc

--

Section 4 – Terms and Conditions

I accept the terms and conditions as made available on the Skills Channel TV web site and enclose a cheque (if appropriate). Please complete:

Signature	<input type="text"/>	Total Payment	£ <input type="text"/>
Name (Capitals)	<input type="text"/>	Contact No	<input type="text"/>
Email Address	<input type="text"/>	Date	<input type="text"/>

If fees paid by company (Please complete)

Name of company	<input type="text"/>		
Named Contact	<input type="text"/>		
Address	<input type="text"/>		
Telephone	<input type="text"/>	Purchase Order or Reference for Invoice	
Email Address	<input type="text"/>	<input type="text"/>	

Email: info@skillschannel.tv Telephone: 0121 346 87 99 Web: www.skillschannel.tv