

Course Booking Form—Please Photo Copy

All sections of this form must be fully completed and returned by email only to the
Training Administrator: sisstraining@solihull.gov.uk

Failure to complete this form in full will result in the form being returned back to you
and the course not being booked.

COURSE TITLE:			
Course Date/s:	No of places required:	Cost per person: £	Total Cost £
FULL NAME (s) with Job Title of delegate attending the training:			
School or Organisation Name & Postal Address:			
Postcode:			
Tel No:			
Delegate/s Email Address:			
Any Access Requirements?		Any Dietary Requirements?	
Signature:		Date:	

HOW TO PAY: This section must be completed prior to returning your form payment will be requested immediately after the course date.

INTERNAL JOURNAL:	
SCHOOL NAME:	
FULL COST CODE NUMBER to be DEBITED:	
AUTHORISED SIGNATURE:	
INVOICE:	Name & Address of School/Organisation to be Invoiced:
Purchase Order Number:	Post Code:

- We are happy to accept substitute delegates.
- In the event of unforeseen circumstance we reserve the right to cancel or alter parts of the programme.
- CANCELLATION: Should you wish to Cancel a booking we will require 14 days notification prior to the course date otherwise cancellations or non-attendance will be charged in full.

Date Form Received:	Confirmation Sent:
---------------------	--------------------