Course booking form

When completed this form should be returned by post to the Specialist Inclusion Support Service, Elmwood Place, 37 Burton's Way, Smith's Wood, Birmingham B36 OUG 0121 704 6690 or email the Training Administrator: sisstraining@solihull.gov.uk

COURSE TITLE:				
Course Date/s:	No. of places Corequired: £	ost per person:	Total Cost: £	
FULL NAME(s) with Title:				
School or Organisation Name and Postal Address:				
		Post Code:		
Tel. No:				
Delegate/s Email Address:				
Job Title:				
Any Access Requirements	?	Any Dietary Re	equirements?	
Signature:	e: 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:				
INVOICE:	Name and Addre	Name and Address of School/Organisation to be Invoiced:		
Purchase Order Number:		Post Code:		
ALITHODISED SIGNATURE.				
AUTHORISED SIGNATURE:				
 We are happy to accept substitute delegates. In the event of unforeseen circumstances 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	:	

Enquiries: Please contact the Training Administrator on 0121704 6690 or email sisstraining@solihull.gov.uk