

Booking Form

Event Date _____

Participant's Details:

Mr/Mrs/Miss/Ms _____

Surname _____

First Name _____

Name for Badge _____

Job Title _____

Organisation Name _____

Organisation Address _____

Work Number _____

Mobile _____

Fax _____

Email _____

Special Needs

Please tell us about any special needs or essential dietary requirements that you may have and we will contact you as soon as possible to discuss your requirements

Mail To: Chart House, 10 Western Road,
Borough Green, Kent TN15 8AG

Fax To: +44 (0) 1732 668 284

Phone: +44 (0) 1732 780 777

For a provisional booking

Email: courses@totalrewardacademy.com

Payment Details

Please invoice my organisation for the attention of: _____

Purchase Order Number (if required) _____

Invoice Address (if different from the Organisation Address) _____

Cheque enclosed for £____ (please complete)

I agree to the applicable booking terms and conditions set out on the website.

Participant's Signature _____

Date _____

Name _____

Job Title _____