

# Booking Form

**LP Associates (N.I) Limited**  
**19 Trigo Parade**  
**Belfast**  
**BT6 9GA**  
**Tel/Fax: 028 90797914**  
*email:lynn.patterson@btinternet.com*

Course Title: \_\_\_\_\_

Dates: \_\_\_\_\_

Number of Delegates: \_\_\_\_\_

## *Company Details*

Company Name:	_____		
Address:	_____		
	_____		
Post code:	_____		
Telephone:	_____	Fax:	_____
Email:	_____		

## *Delegates Details*

<i>Title</i>	<i>Forename</i>	<i>Surname</i>	<i>Position</i>

Total payment: (Course fee plus exam fee /person plus VAT) \_\_\_\_\_

A Cheque for £ \_\_\_\_\_ is enclosed made payable to **LP Associates (N.I) Limited** / please invoice

Order Number \_\_\_\_\_

### *Conditions of Booking:*

*Payment is required 30 days from date of invoice, or prior to commencement of the course, whichever is sooner. Cancellations cannot normally be made, however, you can substitute candidates at any time prior to the course.*

I have read and agree to the conditions of booking

Signature: \_\_\_\_\_ Position \_\_\_\_\_