

Booking Form

Please complete this form and return to:

Jan Garman · Training co-ordinator

United Kingdom Accreditation Service · 21-47 High Street · Feltham · Middlesex TW13 4UN · United Kingdom

Fax: +44 (0)20 8917 8499 · Email: training@ukas.com

Personal Details

Title (Mr, Ms, Dr etc)	Surname	Forename
<input type="text"/>	<input type="text"/>	<input type="text"/>
Company	Position	
<input type="text"/>	<input type="text"/>	
Discipline	Email Address	
<input type="text"/>	<input type="text"/>	
Address		
<input type="text"/>		
Telephone	Post Code	
<input type="text"/>	<input type="text"/>	
	Fax	
<input type="text"/>	<input type="text"/>	

Other Delegates

Name	Name
<input type="text"/>	<input type="text"/>
Discipline	Discipline
<input type="text"/>	<input type="text"/>
Email Address	Email Address
<input type="text"/>	<input type="text"/>

Course Details

Course Title				
<input type="text"/>				
Residential	Non-residential	No of Delegates	Course Fee	Total Fee
<input type="checkbox"/> <i>Tick box</i>	<input type="checkbox"/> <i>Tick box</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Payment Details *Please tick to indicate type of payment*

<input type="checkbox"/>	Cheque:	Please make cheques payable to United Kingdom Accreditation Service and mark the rear with the course name and reference number plus your company name
<input type="checkbox"/>	Invoice:	Purchase Order No. <input type="text"/>
<input type="checkbox"/>	BACS:	Use Reference 20-00-00 Barclays Bank Account 03304264
<input type="checkbox"/>	Credit/Debit:	We accept Delta, MasterCard, Switch, Visa (not AMEX or Diners)
	Card Number	<input type="text"/>
	Issue No.	<input type="text"/>
	Expiry Date	<input type="text"/>
	Signature	<input type="text"/>

PLEASE CUT HERE