TRAINING COURSE BOOKING FORM

Company Name

Number of Delegates

Delegate Names

Company Address

Telephone **Fax**

E-mail

Course Title / Subject

Date (if known)

Venue (if known)

Please NOTE our Terms and Conditions

Payment

Invoices must be paid prior to candidates undertaking the course unless by prior arrangement with VCA. No course certificates will be issued unless full payment has been received.

Cancellations and Changes

Cancellations made by the client less than 14 days prior to the course **will incur a full charge.**

Substitutes may be sent on the courses with **prior arrangement with VCA.**

In some instances, due to circumstances beyond our control VCA may need to postpone or cancel a course.

VCA may change course content and update courses without prior notice.

Total amount to be invoiced: £ **VAT will be added to this**

Name of person booking

I agree on behalf of the organisation/ individual I am making this booking for, to abide by the conditions as stated above.

Signature of person booking course: Date:

VCA Use: *Invoiced:*

Job Number: