



## Year End Training Course Order Form

Company:

Name :

Telephone No :

Position :

Fax No :

Course Title : Year End Seminar 09/10

Venue :

Date :

Delegate(s) :

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Special Arrangements :

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Cost	£	Total Cost	£
(£99 per delegate			
£150 for 2 delegates)			
		VAT	£
		<hr/>	<hr/>
		Total Due	£
		<hr/>	<hr/>

I enclose our cheque for £ \_\_\_\_\_

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

*Please see over for Terms and Conditions.*

**For Cyberaid Use Only :**

We confirm receipt of the above payment and will contact you to arrange a training date.

Confirmed by: \_\_\_\_\_ (Training Department)