



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 _____