

MCW GROUP LTD - TRAINING BOOKING FORM

To be completed **IN BLOCK CAPITALS** and returned by fax on 01978 340345

COMPANY NAME: _____
 INVOICE ADDRESS _____

 TELEPHONE NO: _____

NAME: _____
 POSITION: _____
 DEPARTMENT: _____
 DATE: _____

I/we (herein after referred to as "the customer") HEREBY ORDER from MCW Group Ltd the training detailed herein. I/we understand and agree that training courses are to be **paid with booking** prior to commencement of training either by VISA, BACS or Cheque.

Please tick method of payment	Credit card details
Company credit card <input type="checkbox"/>	Card Holder Name _____
BACS (Bankers Automated Clearing System) <input type="checkbox"/>	Card Number _____
Cheque <input type="checkbox"/>	Valid from _____
	Expiry date _____
	Security number _____
	from the back of _____
	the bank card _____

I/we agree to the terms set up for re-schedule/cancellation:

Cancellation ten working days prior to training - Full refund or credit
 Cancellation five working days prior to training - 50% refund or credit
 Less than five working days - no refund or credit

SIGNED BY: _____

DATED: _____

PRINT NAME: _____

ORDER NO: _____

TRAINING COST £ _____ + VAT Per person per day / Per group *(please delete which isn't appropriate)*

Training Course(s)	Version	Code
Level		
Date(s) Required		
Duration		
Number of Delegates Attending		
Name of Delegates	(1) _____	E-mail _____
	(2) _____	E-mail _____
	(3) _____	E-mail _____
	(4) _____	E-mail _____
	(5) _____	E-mail _____
	(6) _____	E-mail _____
	(7) _____	E-mail _____
	(8) _____	E-mail _____
Venue (Address)	_____	