

Invoice Address

Company/Organisation:	
Address:	
	Post code:
Telephone:	Fax:
E-mail:	

Booking Contact

Title:	First name:	Surname:
Position held:		E-mail:
How did you hear about CTS:		

Delegate Information

Title:	First name:	Surname:
Position held:		E-mail:
Mailing address:		
	Post code:	
Telephone:	Fax:	

Course Details

Course title:	2003 or 2007?
Date:	Training centre location:
Any other information:	

Payment *(Please indicate your preferred payment method)*

Payment by Credit or Debit Card <input type="checkbox"/> <i>(Receive a 5% discount)</i>
Payment by Invoice <input type="checkbox"/> Purchase order number:

Invoices will be sent via e-mail to address given.

Paying by card? You will receive a call from a CTS operative to take details of your credit or debit card.

Terms and conditions will be e-mailed with your booking confirmation.

Authorisation

Name:	Date:
Signature:	