

BOOKING FORM
(Please Make The Following Booking)

COURSE TITLE: 3½ Day Fire Extinguisher Maintenance Course
incl BAFE Assessment

COURSE DATES: _____

NAME OF DELEGATES(S) & POSITION: complete an extra booking form if more than 4 attending

1.	2.
3.	4.
5.	6.
7.	8.

ADDITIONAL INFO: DIETARY REQUIREMENTS, DISABILITIES

YOUR NAME: _____

POSITION: _____

COMPANY NAME & ADDRESS:

Company
Address 1
Address 2
Town
Post Code

TELEPHONE & FAX: _____

EMAIL ADDRESS: _____

I ENCLOSE PAYMENT TO THE VALUE OF: £

Please arrange for the named delegates to be booked onto the course/exam detailed above. I agree to the terms and conditions below.
Course/exam fees are payable no later than 14 days prior to course/exam date.
A cancellation fee of 100% of the course/exam fee is applicable if less than 21 days written notice is given.

Signed: _____ PRINT NAME: _____

PLEASE COMPLETE & EMAIL /FAX BY RETURN TO:

Independent Fire & Safety Training Ltd
2 Garwick Terrace
Greetland
Halifax
HX4 8DA

Tel/Fax: 01422 372508
web: www.ifast-online.co.uk email: enquiries@ifast-online.co.uk

