

BOOKING FORM

(Please Make The Following Booking)

COURSE TITLE: 3½ Day Fire Extinguisher Maintenance
incl BAFE Assessment

COURSE DATE: _____

NAME OF DELEGATES(S) & POSITION:

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

ADDITIONAL INFO: DIETERY REQUIREMENTS, DISABILITIES

YOUR NAME: _____

POSITION: _____

COMPANY NAME & ADDRESS:

POSTCODE: _____

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

