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| ***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: | | |
|  | |  |
| 1. | | 2. |
| 3. | | 4. |
| 5. | | 6. |
| 7. | | 8. |
| ADDITIONAL INFO: DIETERY 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.  **Places for course/exam fees are only secured once payment and booking form have been received.** | | |
| 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** | | |

Form FEMC/1 Revised Sept 2020