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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