

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: DIETARY REQUIREMENTS, DISABILITIES	

YOUR NAME: _____

POSITION: _____

COMPANY NAME & ADDRESS:

Company Address 1 Address 2 Town Post Code
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TELEPHONE & FAX: _____

EMAIL ADDRESS: _____

I ENCLOSE PAYMENT TO THE VALUE OF: £

<p>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.</p> <p>Signed: _____ PRINT NAME: _____</p>

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**

