

www.rkassociatesltd.co.uk

RKA011

Confirmation of Public Course Booking Form

Please complete and fax to 024 76 735396 or email enquiry@rkhanna.co.uk

| Organisation Name | | | Purchase Order No | | |
|---|----------|---------------|--------------------------------|---|--|
| Surname | | | Forename | | |
| Correspondence Address | | | Invoice Address | | |
| Post Code | | | Post Code | | |
| Telephone Number | | | E-mail Address | | |
| Please book me on the following course: | | | | | |
| Course Date | | | | | |
| Course Title | | | | | |
| Location | | | | | |
| Date of Examination | | | | | |
| Do you have any special needs? | | | | | |
| Are there any special dietary requirements? | | | | | |
| Is a copy of the cours required? | e manual | sent. Note mo | anuals are sent out by special | dicate where you would like the manual tout by special delivery and need to be cluded in the cost of Foundation Course. | |
| I agree to pay the fee of \pounds per person ex V.A.T. We are aware that the course fees are non-refundable in the event of the candidate cancelling within four weeks prior to the course. | | | | | |
| Signed: | | Date: | | | |
| | | | | | |

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Version 7.0

May 2016