**Step 1: Details of the main contact person for this booking:**

|  |
| --- |
| Main contact person |
| Name: |
| Organisation: |
| Job title: |
| Telephone No: |
| E-mail address: |
| How did you hear about us? |

**Step 2: Tell us who will be attending and which course they are going on:**

|  |
| --- |
| Delegate 1 |
| Name: | Type of governor: |
| Email address: |
| Dietary or other requirements: |
| Course title: | Course location: |
| Course date: | Course fee: |

|  |
| --- |
| Delegate 2 |
| Name: | Type of governor: |
| Email address: |
| Dietary or other requirements: |
| Course title: | Course location: |
| Course date: | Course fee: |

|  |
| --- |
| Delegate 3 |
| Name: | Type of governor: |
| Email address: |
| Dietary or other requirements: |
| Course title: | Course location: |
| Course date: | Course fee: |

|  |
| --- |
| Delegate 4 |
| Name: | Type of governor: |
| Email address: |
| Dietary or other requirements: |
| Course title: | Course location: |
| Course date: | Course fee: |

|  |
| --- |
| Delegate 5 |
| Name: | Type of governor: |
| Email address: |
| Dietary or other requirements: |
| Course title: | Course location: |
| Course date: | Course fee: |

|  |
| --- |
| Delegate 6 |
| Name: | Type of governor: |
| Email address: |
| Dietary or other requirements: |
| Course title: | Course location: |
| Course date: | Course fee: |

|  |
| --- |
| Delegate 7 |
| Name: | Type of governor: |
| Email address: |
| Dietary or other requirements: |
| Course title: | Course location: |
| Course date: | Course fee: |

|  |
| --- |
| Delegate 8 |
| Name: | Type of governor: |
| Email address: |
| Dietary or other requirements: |
| Course title: | Course location: |
| Course date: | Course fee: |

|  |
| --- |
| Delegate 9 |
| Name: | Type of governor: |
| Email address: |
| Dietary or other requirements: |
| Course title: | Course location: |
| Course date: | Course fee: |

|  |
| --- |
| Delegate 10 |
| Name: | Type of governor: |
| Email address: |
| Dietary or other requirements: |
| Course title: | Course location: |
| Course date: | Course fee: |

|  |
| --- |
| Delegate 11 |
| Name: | Type of governor: |
| Email address: |
| Dietary or other requirements: |
| Course title: | Course location: |
| Course date: | Course fee: |

|  |
| --- |
| Delegate 12 |
| Name: | Type of governor: |
| Email address: |
| Dietary or other requirements: |
| Course title: | Course location: |
| Course date: | Course fee: |

|  |
| --- |
| Delegate 13 |
| Name: | Type of governor: |
| Email address: |
| Dietary or other requirements: |
| Course title: | Course location: |
| Course date: | Course fee: |

|  |
| --- |
| Delegate 14 |
| Name: | Type of governor: |
| Email address: |
| Dietary or other requirements: |
| Course title: | Course location: |
| Course date: | Course fee: |

**Please continue on a separate sheet if necessary.**

**Step 3: Please provide the total amount payable and the Purchase Order number:**

|  |  |
| --- | --- |
| Total course fees: |  |
| Minus 15% group booking discount: |  |
| Plus VAT at 20%: |  |
| Total amount payable: |  |
| PO Number: |  |

**Step 4: Please provide details of the person in your finance department the invoice should be sent:**

|  |
| --- |
| Finance department contact |
| Name: |
| Organisation: |
| Job title: |
| Telephone No: |
| E-mail address: |
| Postal address: |

**Step 5: Check the box to indicate you have read and accept the booking terms and conditions:**

**I have read and accept the booking terms and conditions outlined below**: [ ]

* Cancellation policy:

|  |  |
| --- | --- |
| More than 21 days before the event | No charge |
| 7-21 days before the event | 50% charge |
| Less than 7 days before the event | 100% charge |

* Delegate substitutions are possible, please make these in writing.
* To qualify for the group booking discount delegates must book as a group.
* Once a group booking is made the names of delegates attending in the group can be amended but the number of delegates attached to the group booking can not.
* Bookings will not be accepted without a purchase order number.
* Full payment is due before the start date of the course.
* There may be a photographer at the event and photographs of delegates may be used on future marketing materials. If you do not want your photograph to be taken or used in this way please notify a member of staff on site.
* Programme details are correct at time of going to press. We reserve the right to make changes where necessary.

**Step 6: Return completed forms to:** governors@nhsproviders.org