Governwell course group booking form

Step 1: Please provide details of the main contact person for this booking:

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| --- |
| 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:

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

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

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

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

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

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

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

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

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

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

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| --- |
| Total course fees: |
| 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 14 days before the event | No charge |
| 7-14 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.
* Provision of a valid Purchase Order (PO) is mandatory to confirm your booking. This is required prior to attendance on the course
* Full payment is due 30 days from the date of invoice.
* 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.

**I authorise this booking contract in accordance with NHS Providers terms and conditions as specified within the booking contract.**

**(To be signed by a duly authorised representative of the organisation)**

**Signed : Name ( please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For and on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(organisation name)**

For further details about the bespoke offer and to discuss your requirements please call Claire Mescia on: 020 7304 6927 or Nikki Coleman on: 020 7304 6932. Thank you for choosing to book a Governwell course .

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

GovernWell is delivered by:

