

Corporate Booking Application



Business Details:

Company Name: _____

Business Address: _____

Post Code: _____ Company Registration Number: _____

Business Contact Name: _____ Position: _____

Contact Phone Number: _____ Contact Email: _____

Billing Details:

Billing Contact Name: _____ Position: _____

Billing Address: _____

Billing Post Code: _____ Billing Phone Number: _____

Billing Fax Number: _____ Billing Email Address: _____

Company VAT Number: _____ Purchase Order Number: _____

Please Note: Corporate bookings can only be accepted when a valid purchase order number is supplied with this booking application. This booking must be submitted by way of email or fax from the business making the booking. Internet Service Provider (ISP) email addresses should not be used to place corporate bookings.

Course Details:

Course Title: _____ Course Dates: _____

Training Venue: _____ Course Cost: _____

Delegate Details:

Delegate 1 Name: _____ Gender: _____ Date of Birth: _____

Phone Number(s): _____ Email: _____

Special Requirements (learning difficulties, disabilities, injuries etc):

Ethnicity: _____ Employment status: _____
Continue on additional sheet if required

Delegate 2 Name: _____ Gender: _____ Date of Birth: _____

Phone Number(s): _____ Email: _____

Special Requirements (learning difficulties, disabilities, injuries etc):

Ethnicity: _____ Employment status: _____
Continue on additional sheet if required

Delegate 3 Name: _____ Gender: _____ Date of Birth: _____

Phone Number(s): _____ Email: _____

Special Requirements (learning difficulties, disabilities, injuries etc):

Ethnicity: _____ Employment status: _____
Continue on additional sheet if required

Delegate 4 Name: _____ Gender: _____ Date of Birth: _____

Phone Number(s): _____ Email: _____

Special Requirements (learning difficulties, disabilities, injuries etc):

Ethnicity: _____ Employment status: _____
Continue on additional sheet if required

Delegate 5 Name: _____ Gender: _____ Date of Birth: _____

Phone Number(s): _____ Email: _____

Special Requirements (learning difficulties, disabilities, injuries etc):

Ethnicity: _____ Employment status: _____
Continue on additional sheet if required

Delegate 6 Name: _____ Gender: _____ Date of Birth: _____

Phone Number(s): _____ Email: _____

Special Requirements (learning difficulties, disabilities, injuries etc):

Ethnicity: _____ Employment status: _____
Continue on additional sheet if required

N.B. For bookings of more than 6 delegates please attach an additional sheet.

Additional Information:

Please use the space below to provide any additional information relevant to this booking.

Declaration:

In signing this document the signatory accepts the terms of Business of Health and Fitness Education Ltd for all purchases of goods and services.

Name: _____ Sign: _____ Date: _____