



CAN TRAINING PROGRAMME

Booking Form

Please photocopy this form as required. A separate form should be completed per delegate.

Delegate Name.....

Course Title	Course Date(s)	Cost

Job Title.....**Organisation**.....

Type of Agency/Organisation.....

Address.....

..... **Post Code**.....

Telephone..... **Fax**.....

Email.....

Learning Objectives.....

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How did you find out about CAN's Training Programme?.....

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If you have any individual requirements to enable you to attend training, please detail below and we will try to make necessary arrangements eg. dietary requirements, wheelchair access etc.

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Authorised by.....**Signature**.....

Job Title.....

Payment details overleaf

PAYMENT DETAILS

Please tick appropriate box. If booking by official purchase order, please enclose this form with the purchase order.

- I am a CAN Worker
- I have enclosed a cheque made payable to CAN
- Please invoice me



INVESTOR IN PEOPLE

Invoice details if different from overleaf

Name.....Department.....

Address.....

..... Post Code.....

Please return this form to:

Learning & Development Administrator
CAN Head Office
Denmark House
8 Billing Road
Northampton NN1 5AW

Tel: 01604 824775
Fax: 01604 635679

Email: dave.carson@can.org.uk

CANCELLATION POLICY

All cancellations must be made in writing. Please note that there can be no refund for cancellations received within 14 days of the course.

Please note:

This form will not be processed without an authorising signature. By signing this form you are agreeing to our cancellation policy and payment terms.