

Booking Form



Please photocopy this blank form as necessary. Please write clearly.

(A) Course (please write clearly)	Date	No. Delegates	Cost Each	VAT	Total Cost
1			£	£	£
2			£	£	£
3			£	£	£
4			£	£	£
5			£	£	£
6			£	£	£
Total payable:					£

(B) Who will be attending:				
	Course	Attendee	Attendee	Attendee
1				
2				
3				
4				
5				
6				

(C) Your contact details:

Your organisation name:

Tel: _____

E-mail: _____

Address:

Please return with your remittance to:

The Training Administrator, Autism Sussex

Sussex House, Tills Courtyard, 19 High Street, BATTLE, East Sussex, TN33 0AE

TERMS: Payment with booking application preferred. Please note that payment must be received in full before the booking can be confirmed. Cancellation charges: 1-3 months prior to course: £10 per place; less than 1 month: 100% - reduced to £10 pp if we are able to fill the place. Cheques should be made payable to 'Autism Sussex (Training)'.