TRAINING COURSE BOOKING FORM

**YOUR CONTACT DETAILS: (PLEASE COMPLETE USING BLOCK CAPITALS)**

# IMPORTANT: Please complete a separate form per participant per course.

Participant Name:

Organisation:

Position: (tick one) Board/committee member 🞏 Volunteer 🞏 Staff member 🞏

Address:

Town: Postcode: ML9 2BW

Email:

Tel No:

Is your organisation a VASLan Member? YES 🞏 NO 🞏 (Please tick)

Where did you hear about this training?

**COURSE DETAILS:**

|  |
| --- |
| Course Title:  |
| Date/Time: Venue: |
| Dietary requirements: Cost: |
| Any other requirements: (e.g. large print) |

**Please** **return your completed form as an attachment in an email or by post to the above address**