



www.advancedsafetysolutions.co.uk

### In-Company Course Booking Form

Course Title: .....

Course Dates: .....

Course Venue: .....

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

Number of Deligates: .....

Course Start Time: .....

Course Contact Name: ..... Contact No(s): .....

**Please tick if the following are provided:**

Laptop/PC:

Flip Chart:

Data projector:

TV/Video:

Delegate Lunches:

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#### Course Authorisation

Purchase Order Number: .....

Invoice Address (if different from venue): .....

.....

Please tick this box to confirm that you have read and accepted the terms and conditions displayed on the Advanced Safety Solutions website - [click here to view the terms & conditions](#) or visit [www.advancedsafetysolutions.co.uk/terms](http://www.advancedsafetysolutions.co.uk/terms)

Authorised Signatory (Please sign) ..... Please print name: .....

Date: ..... Contact No: .....