
RESERVATION FORM

Company Name and Address:	
Tel No:	Fax No:
Email address:	

Complete and return to: Collin Associates
PO Box 272
Shildon
Co Durham DL14 4FL (Fax No: 01388 778695)

Course: * ***please state course**
Venue: * **venue/date**
Date: *
Course Fee: £275.00 + VAT per delegate

Please book place(s) on the above course in the following name(s):

Delegate: _____

Delegate: _____

Delegate: _____

Delegate: _____

Booking placed by: _____

Date: _____

PAYMENT (a VAT invoice will be issued):

1. Please make cheque payable to **COLLIN ASSOCIATES**.
2. Card Payment:

Name on Card: _____ Type of Card: _____

Credit Card/Switch Card:

Switch Card No: Issue Date: / / Expiry Date: / / Security No:

Please note: Companies will not be reimbursed for non-attendance or cancellations made within 7 days of the start date of the Course. However, delegates may be substituted. Joining instructions will be sent 7-10 days before the course date.
