# RESERVATION FORM

|  |
| --- |
|  Company Name and Address: Tel No:  Email address: |

Complete and return to: Collin Associates

 PO Box 189

 Newton Aycliffe

 County Durham DL5 9BD

 Email: info@collinassociates.co.uk

**Course: ISO 9001:2015 Internal Quality Systems Auditing via Teams**

**Date:**

**Course Fee: £250.00 + VAT per delegate**

Please book ....... place(s) on the above course in the followingname(s):

Delegate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Delegate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Delegate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Delegate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Credit Card/Switch Card:  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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.