

Training Order Form

Lo call Tel: 0844 870 8770
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www.healthandsafetygroup.com

**Please complete this order form and fax to
0844 870 8771**

Date Order Number:

1a) Training Courses (In House)	1b) Regional
Type of course:	Type of course:
Please confirm that a training room is available?.....	Date of Course..... Venue:
Please also indicate what other training equipment will be provided on site?	Please reserve places on this course for the following persons:
.....	1..... 2.....
.....	3..... 4.....
.....	5..... 6.....
How many delegates on each course?.....	Cost per Delegate £.....
Cost of Course £.....	Total Cost £.....

2. Order Value	
Sub Total from above:	£
NETT TOTAL:	£
VAT (%)	£
GRAND TOTAL:	£

3. Invoice Instructions	
Contact Name:	
Job Title:	
Address:	
Postcode:	P.O. No:
Telephone:	Fax:
Email Address:	

I authorise this order and accept the terms and conditions detailed below.

.....
(Signed) (Name)

.....
(Position) (Dated)

5. Payment Method	Credit Card <input type="checkbox"/>	Invoice <input type="checkbox"/>	(Please leave this section blank if you wish to be invoiced)
<input type="checkbox"/> Visa <input type="checkbox"/> Switch <input type="checkbox"/> Mastercard <input type="checkbox"/> Delta <input type="checkbox"/> Electron <input type="checkbox"/> Switch <input type="checkbox"/> Solo <input type="checkbox"/> By cheque/PO enclosed Issue Number: <input style="width: 100px; height: 20px;" type="text"/>	Card Holders Name: <input style="width: 100%; height: 25px;" type="text"/>		
Card Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Valid From: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> Expiry Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>		
SVS Number: <input type="text"/> <input type="text"/> <input type="text"/> (Last three digits on the signature strip on the reverse of your card)	Signature: <input style="width: 100%; height: 30px;" type="text"/>		
	Date: <input style="width: 100%; height: 25px;" type="text"/>		

Terms and Conditions

1. All course fees are payable in advance on receipt of invoice, unless credit facilities have been agreed. Whilst every attempt will be made to hold fees at the levels advertised, The Health & Safety Group Ltd reserves the right to change fees without prior notice. 2. Course delegates may be substituted at any time prior to the commencement of training. Such changes should be notified to the course administrator at the office where the reservation was made. 3. Cancellations will only be accepted when received in writing with these notice terms: 4. Courses booked for individuals require three weeks or more notice for all fees to be refunded, otherwise payment will be charged in full. 5. Courses booked for organisations require four weeks or more notice for all fees to be refunded, otherwise payment will be charged in full. 6. Consideration will be given to requests for a transfer to another course if the course administrator is notified seven days or more before the course (initially booked) is due to commence. 7. The Health & Safety Group Ltd reserves the right to cancel any course and in such cases any fees already paid will be refunded in full.