



## BOOKING FORM FOR SOFT SKILLS TRAINING

Training Topic: \_\_\_\_\_

### INFORMATION OF DELEGATES

<b>1</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20%;"><b>First Name</b></td><td></td></tr> <tr><td><b>Surname</b></td><td></td></tr> <tr><td><b>Title</b></td><td>Mr / Miss / Ms / Other (Please specify):</td></tr> <tr><td><b>email</b></td><td></td></tr> <tr><td><b>Mobile</b></td><td></td></tr> <tr><td><b>Special Dietary Requirements</b></td><td></td></tr> </table>	<b>First Name</b>		<b>Surname</b>		<b>Title</b>	Mr / Miss / Ms / Other (Please specify):	<b>email</b>		<b>Mobile</b>		<b>Special Dietary Requirements</b>		<b>2</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20%;"><b>First Name</b></td><td></td></tr> <tr><td><b>Surname</b></td><td></td></tr> <tr><td><b>Title</b></td><td>Mr / Miss / Ms / Other (Please specify):</td></tr> <tr><td><b>email</b></td><td></td></tr> <tr><td><b>Mobile</b></td><td></td></tr> <tr><td><b>Special Dietary Requirements</b></td><td></td></tr> </table>	<b>First Name</b>		<b>Surname</b>		<b>Title</b>	Mr / Miss / Ms / Other (Please specify):	<b>email</b>		<b>Mobile</b>		<b>Special Dietary Requirements</b>	
<b>First Name</b>																									
<b>Surname</b>																									
<b>Title</b>	Mr / Miss / Ms / Other (Please specify):																								
<b>email</b>																									
<b>Mobile</b>																									
<b>Special Dietary Requirements</b>																									
<b>First Name</b>																									
<b>Surname</b>																									
<b>Title</b>	Mr / Miss / Ms / Other (Please specify):																								
<b>email</b>																									
<b>Mobile</b>																									
<b>Special Dietary Requirements</b>																									
<b>3</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20%;"><b>First Name</b></td><td></td></tr> <tr><td><b>Surname</b></td><td></td></tr> <tr><td><b>Title</b></td><td>Mr / Miss / Ms / Other (Please specify):</td></tr> <tr><td><b>email</b></td><td></td></tr> <tr><td><b>Mobile</b></td><td></td></tr> <tr><td><b>Special Dietary Requirements</b></td><td></td></tr> </table>	<b>First Name</b>		<b>Surname</b>		<b>Title</b>	Mr / Miss / Ms / Other (Please specify):	<b>email</b>		<b>Mobile</b>		<b>Special Dietary Requirements</b>		<b>4</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20%;"><b>First Name</b></td><td></td></tr> <tr><td><b>Surname</b></td><td></td></tr> <tr><td><b>Title</b></td><td>Mr / Miss / Ms / Other (Please specify):</td></tr> <tr><td><b>email</b></td><td></td></tr> <tr><td><b>Mobile</b></td><td></td></tr> <tr><td><b>Special Dietary Requirements</b></td><td></td></tr> </table>	<b>First Name</b>		<b>Surname</b>		<b>Title</b>	Mr / Miss / Ms / Other (Please specify):	<b>email</b>		<b>Mobile</b>		<b>Special Dietary Requirements</b>	
<b>First Name</b>																									
<b>Surname</b>																									
<b>Title</b>	Mr / Miss / Ms / Other (Please specify):																								
<b>email</b>																									
<b>Mobile</b>																									
<b>Special Dietary Requirements</b>																									
<b>First Name</b>																									
<b>Surname</b>																									
<b>Title</b>	Mr / Miss / Ms / Other (Please specify):																								
<b>email</b>																									
<b>Mobile</b>																									
<b>Special Dietary Requirements</b>																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20%;"><b>First Name</b></td><td></td></tr> <tr><td><b>Surname</b></td><td></td></tr> <tr><td><b>Title</b></td><td>Mr / Miss / Ms / Other (Please specify):</td></tr> <tr><td><b>email</b></td><td></td></tr> <tr><td><b>Mobile</b></td><td></td></tr> <tr><td><b>Special Dietary Requirements</b></td><td></td></tr> </table>	<b>First Name</b>		<b>Surname</b>		<b>Title</b>	Mr / Miss / Ms / Other (Please specify):	<b>email</b>		<b>Mobile</b>		<b>Special Dietary Requirements</b>		<b>6</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20%;"><b>First Name</b></td><td></td></tr> <tr><td><b>Surname</b></td><td></td></tr> <tr><td><b>Title</b></td><td>Mr / Miss / Ms / Other (Please specify):</td></tr> <tr><td><b>email</b></td><td></td></tr> <tr><td><b>Mobile</b></td><td></td></tr> <tr><td><b>Special Dietary Requirements</b></td><td></td></tr> </table>	<b>First Name</b>		<b>Surname</b>		<b>Title</b>	Mr / Miss / Ms / Other (Please specify):	<b>email</b>		<b>Mobile</b>		<b>Special Dietary Requirements</b>	
<b>First Name</b>																									
<b>Surname</b>																									
<b>Title</b>	Mr / Miss / Ms / Other (Please specify):																								
<b>email</b>																									
<b>Mobile</b>																									
<b>Special Dietary Requirements</b>																									
<b>First Name</b>																									
<b>Surname</b>																									
<b>Title</b>	Mr / Miss / Ms / Other (Please specify):																								
<b>email</b>																									
<b>Mobile</b>																									
<b>Special Dietary Requirements</b>																									
<b>7</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20%;"><b>First Name</b></td><td></td></tr> <tr><td><b>Surname</b></td><td></td></tr> <tr><td><b>Title</b></td><td>Mr / Miss / Ms / Other (Please specify):</td></tr> <tr><td><b>email</b></td><td></td></tr> <tr><td><b>Mobile</b></td><td></td></tr> <tr><td><b>Special Dietary Requirements</b></td><td></td></tr> </table>	<b>First Name</b>		<b>Surname</b>		<b>Title</b>	Mr / Miss / Ms / Other (Please specify):	<b>email</b>		<b>Mobile</b>		<b>Special Dietary Requirements</b>		<b>8</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20%;"><b>First Name</b></td><td></td></tr> <tr><td><b>Surname</b></td><td></td></tr> <tr><td><b>Title</b></td><td>Mr / Miss / Ms / Other (Please specify):</td></tr> <tr><td><b>email</b></td><td></td></tr> <tr><td><b>Mobile</b></td><td></td></tr> <tr><td><b>Special Dietary Requirements</b></td><td></td></tr> </table>	<b>First Name</b>		<b>Surname</b>		<b>Title</b>	Mr / Miss / Ms / Other (Please specify):	<b>email</b>		<b>Mobile</b>		<b>Special Dietary Requirements</b>	
<b>First Name</b>																									
<b>Surname</b>																									
<b>Title</b>	Mr / Miss / Ms / Other (Please specify):																								
<b>email</b>																									
<b>Mobile</b>																									
<b>Special Dietary Requirements</b>																									
<b>First Name</b>																									
<b>Surname</b>																									
<b>Title</b>	Mr / Miss / Ms / Other (Please specify):																								
<b>email</b>																									
<b>Mobile</b>																									
<b>Special Dietary Requirements</b>																									

Please add pages for additional Delegates

### INFORMATION FOR INVOICING

<b>Name of Work Place</b>			
<b>VAT Number</b>			
<b>Work Tel Number</b>			
<b>Physical Address (not PO Box)</b>	Postal Code		
<b>Postal Address</b>	Postal Code		
<b>Training to take place at The Art of Learning</b>	Y / N	<b>Training to take place at your place of business</b>	Y / N
<b>Total Number of Delegates to attend</b>		<b>Date of Workshop</b>	
<b>Method of Payment</b>		<b>Date of Payment</b>	

### AUTHORISATION 1

<b>First Name</b>			
<b>Surname</b>			
<b>Title</b>	Mr / Miss / Ms / Other (Please specify):		
<b>Position in the Company</b>			
<b>email</b>			
<b>Mobile Number</b>			
<b>How did you hear about us?</b>			
<b>Date</b>			
<b>Signature</b>			

### AUTHORISATION 2

<b>First Name</b>			
<b>Surname</b>			
<b>Title</b>	Mr / Miss / Ms / Other (Please specify):		
<b>Position in the Company</b>			
<b>email</b>			
<b>Mobile Number</b>			
<b>How did you hear about us?</b>			
<b>Date</b>			
<b>Signature</b>			