



BOOKING FORM FOR SOFT SKILLS TRAINING

Training Topic: _____

INFORMATION OF DELEGATES

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Please add pages for additional Delegates

INFORMATION FOR INVOICING

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

We understand that urgent business may arise. No-show delegates or delegates who do not provide notification of cancelling within 48 hrs of the start of training, will still be invoiced and can be re-scheduled at a more convenient time.

AUTHORISATION 1

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

AUTHORISATION 2

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