

License your training courses

One day programme

Thursday 2nd April 2009

Booking Form

Your Name

Organisation

Address

.....

telephone e-mail

Please reserve _____ place(s) on the training workshop on the 2nd April 2009. (£199 for first person, then £149 for others)

Delegate name(s) (please print)

I enclose a cheque for £ _____ (payable to Diversiton) for the programme.

Please invoice our organisation. (Payment must be received prior to the event)

Signed by Applicant Date.....

Please print name.....

Please return this form to Celine White, Diversiton (License Support), 8 Osborne Promenade. Warrenpoint, Co Down. N.Ireland. BT34 3N.

email – info@diversiton.com Tel 02841 754777

Fax this form 02841 754539