

Booking Form for the CIPS Graduate Diploma programme

This booking form must be used to book any of our modules and / or revision workshops for the CIPS programme. Please complete all sections in black ink and forward to the Programme Coordinator at the address below. You are advised to keep a copy of the completed form for your records as, if accepted; it forms part of your legal contract with us.

Delegate Details:																				
Full Name (Mr/Mrs/Miss/Ms):		Correspondence address:																		
Job Title:																				
Employing Organisation:																				
Email Address:																				
Contact Telephone Number:																				
CIPS Membership Number:																				
<table border="1"> <thead> <tr> <th>Study Centre (please tick)</th> <th>Module Title(s):</th> <th>Dates</th> </tr> </thead> <tbody> <tr> <td>NFCPS <input type="checkbox"/> Henley <input type="checkbox"/> London <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>NFCPS <input type="checkbox"/> Henley <input type="checkbox"/> London <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>NFCPS <input type="checkbox"/> Henley <input type="checkbox"/> London <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>NFCPS <input type="checkbox"/> Henley <input type="checkbox"/> London <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>NFCPS <input type="checkbox"/> Henley <input type="checkbox"/> London <input type="checkbox"/></td> <td></td> <td></td> </tr> </tbody> </table>			Study Centre (please tick)	Module Title(s):	Dates	NFCPS <input type="checkbox"/> Henley <input type="checkbox"/> London <input type="checkbox"/>			NFCPS <input type="checkbox"/> Henley <input type="checkbox"/> London <input type="checkbox"/>			NFCPS <input type="checkbox"/> Henley <input type="checkbox"/> London <input type="checkbox"/>			NFCPS <input type="checkbox"/> Henley <input type="checkbox"/> London <input type="checkbox"/>			NFCPS <input type="checkbox"/> Henley <input type="checkbox"/> London <input type="checkbox"/>		
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Do you have a disability that we need to be aware of? Yes / No																				
If so, please provide us with the relevant details:																				
Invoice/Payment details																				
Total amount payable (exclusive of VAT): £*																				
* Please see our price list for details.																				
Invoice Name & Address:		Purchase Order Number (if Required):																		
Alternatively you can send a cheque for the full amount (made payable to Cordie Ltd) to the address below.																				

I confirm that I have read, understood and agreed to be bound by the NFCPS, Henley Crammer & LCPS booking terms and conditions (version 3.0).

Signed: _____ Date: _____