

BOOKING FORM

NB: Please telephone to confirm a vacancy exists before returning your booking form.

PLEASE COMPLETE IN BLOCK CAPITALS

Please reserve me a place on the following training event(s):

Module	Dates	Venue	Ref.
Fast-track	10/11/08	Emergency Planning College	46A

Delegate Details:

Surname: Forename:

Title: Mr /Mrs/Ms/Other

Telephone Number: Fax Number:

Email:

(Note: It is essential that you provide us with an email address as joining instructions are supplied electronically.)

Job Title:

Company/Organisation Name:

Address:

.....

..... Postcode:

Did you make an earlier telephone booking? Yes No

In the event of cancellation (without a suitable substitution) I agree to pay a fee of £1,600 and confirm this commitment is fully authorised.

PLEASE NOTE: The HPA only fund training for the following organisations in England. Please tick the relevant box to confirm that you meet this criteria and are eligible to attend this event:

Acute/Mental Health Trust Primary Care Trust Strategic Health Authority

Signature..... Date:

The Emergency Planning College and the Health Protection Agency will retain information from this booking form on their respective databases. In accordance with the Data Protection Act 1998, if you want your details to be excluded please tick the box.

On completion please return to:

Reservations, Emergency Planning College, The Hawkhills, Easingwold, York, YO61 3EG.

Tel: +44 (0)1347 822877 **Fax:** +44 (0)1347 822575.