

JDD EQE COURSES BOOKING FORM

JANUARY 2010 RESIDENTIAL REVISION COURSES

Name of Company/Organisation: _____

Address: _____

Contact: _____ Tel. No.: _____

E-mail: _____ Fax. No.: _____

Please indicate if this is to confirm a telephone/fax booking or an e-mail

Please reserve places as follows (if extra accommodation is needed, please indicate, and include here):

Surname	Forename	Course	Ref 10/	Date(s)	Fee* £
				Sub-total	
				VAT @ 15%	
				Total Due	

** Courses fees are inclusive of tuition, meals, overnight accommodation during the course, but exclusive of VAT.*

Cheque enclosed (Cheques should be made payable to JDD Consultants)

Signature _____ Date ____ / ____ / 2009

Please send invoice Invoice address (if different from above) _____
