
RESERVATION FORM

<p>Company Name and Address:</p> <p>Tel No:</p> <p>Email address:</p>
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Complete and return to: Collin Associates
PO Box 189
Newton Aycliffe
County Durham DL5 9BD
(Email info@collinassociates.co.uk)

Course: Internal Quality Systems Auditing
Venue: * ***please state**
Date: * **venue/date required**
Course Fee: £300.00 + VAT per delegate (£360.00 total)

Please book place(s) on the above course in the following name(s):

Delegate: _____

Delegate: _____

Delegate: _____

Delegate: _____

Booking placed by: _____

Date: _____

PAYMENT (a VAT invoice will be issued):

1. Please make cheque payable to **COLLIN ASSOCIATES**.
2. Card Payment:

Name on Card: _____ Type of Card: _____

Credit Card/Switch Card:

Switch Card No: Issue Date: / / Expiry Date: / / Security No:

Please note: Companies will not be reimbursed for non-attendance or cancellations made within 7 days of the start date of the Course. However, delegates may be substituted. Joining instructions will be sent 7-10 days before the course date.
