



## Booking Form

Title ..... Practice Name .....  
 First Name ..... Address .....  
 Surname .....  
 Qualifications .....  
 Daytime Tel ..... Postcode .....  
 Mobile Tel .....  
 Email address .....  
 Special dietary needs ..... Please tick to join mailing list

Code	Course Title	Date	Venue	Price
Discount (code required)				
Subtotal				
Vat 20%				
Total				

Please tick payment method:

- CHEQUE** -please make payable to 'Excel CPD' and post to the address below
- BANK TRANSFER** – our bank account details will be forwarded for a bank transfer payment
- INVOICE** – an invoice will be forwarded to the practice named above
- CREDIT/DEBIT CARD** – please visit our website to make a card payment (a Paypal account isn't necessary)

Full terms and conditions are available on our website. Reserved bookings will be released after 14 days if no payment has been received.