NEWLINK WALES TRAINING BOOKING FORM

TITLE OF COURSE: _____

COURSE DATE: _____

NAME OF PARTICIPANT(S): _____

JOB TITLE(S): _____

ORGANISATION _____

ADDRESS: _____

_____

POSTCODE: _____

TEL NO: _____ **FAX NO:** _____

EMAIL NO: _____

DIETARY OR OTHER SPECIAL REQUIREMENTS: _____

MANAGER'S SIGNATURE: _____

IS YOUR ORGANISATION: **Voluntary/Statutory** **IS IT A MEMBER OF NEWLINK WALES** **YES/NO**

BILLING DETAILS: **NO OF PARTICPANTS:** _____

TOTAL COST OF COURSE: £ _____

MINUS MEMBER'S DISCOUNT (if applicable) £ _____

TOTAL SUM PAYABLE: £ _____

INVOICE ADDRESS (if different from above): _____

_____

PURCHASE ORDER NUMBER (if applicable): _____

Cancellation Policy: Please note that as from 1st April 2008 our Cancellation Policy will change to:

- For cancellations received 28 days before the course, a full refund will be made.
- For cancellations received up to 14 days before the course, a 50% refund will be made.
- For cancellations received less than 14 days before the course, a refund will not be made. However, delegates can transfer the place on the course to a colleague from their organisation.

NB: All Cancellations must be made in writing

PLEASE SEND ME DETAILS ON:

NewLink Wales Membership ☐ **Becoming a Placement Agency for NewLink Wales Volunteers** ☐

Volunteering opportunities and information ☐ **Black and Minority Ethnic Projects** ☐

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