

Course/Workshop Booking Form

Delegate Name:

Job Title:

Course/Workshop Title:

Course/Workshop Date:

Company Name:

Company Address:

.....**Postcode**.....

Telephone (day): **Telephone (eve):**

Email:

Payment Details: Please make cheques payable to "PDC Business Services Limited"

I enclose a cheque for £ in full payment for the course

I wish to pay by credit/debit card. Please debit my card (tick as appropriate)

<input type="checkbox"/> VISA	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Switch	<input type="checkbox"/> Delta	<input type="checkbox"/> Solo	<input type="checkbox"/> JCB
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My card number is: (Please note that there may be more boxes than numbers on your card)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Valid from:

Expiry Date:

Issue No. :

Solo/Switch

Cardholder's Name:

Cardholder's Address (if different from above):

.....**Postcode**.....

Cardholder's Signature:

Bank remittance/transfers should be made payable to the following account.
Sort Code:- 20-50-94 **Account No.:-** 00765430 **Account Name:-** PDC Business Services Limited.

Please enrol me on the course as detailed above. I can confirm that I have received, read and accept the Terms and Conditions detailed separately.

Signature: **Date:**

Complete and sign this form and send (Or Fax to 0151 427 3022) **with payment to:** PDC Business Services Limited, 7th Floor, Silkhouse Court, Tithebarn Street, Liverpool, L2 2LZ

A VAT invoice and joining instructions will be sent to you acknowledging your booking. Any questions? Contact us on 0151 281 6162 or Email - training@pdcbs.net