

JDD COURSES BOOKING FORM

REVISION COURSES FOR THE 2018 PEB EXAMINATIONS

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 18/	Date(s)	Fee* £
				Sub-total	
				VAT @ 20%	
				Total Due	

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

Will pay by BACS Cheque enclosed Will pay over the phone
(made payable to JDD Consultants) by Debit Card or Credit Card

Signature _____ Date ____ / _____ / 2018

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