EQE 2020 COURSES BOOKING FORM

JDD RESIDENTIAL REVISION COURSES

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 20/	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/to follow on invoice ☐ ***(made payable to JDD Consultants)*** Will pay over the phone by Debit Card or Credit Card ☐

Signature _____ Date ____ / _____ / 2019

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

_____

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