



## Duty of Care Workshop Registration

Name

Job Title

Company Name

Address

Postcode

Telephone

Fax

Email

Invoice address if different

Preferred venue

Number of places  Number of places @ £375 + VAT (£440.63)  
 Offer code if applicable

Total inc VAT

Additional Names

### Payment Method

Credit/Debit Card  Payment link will be emailed

Bacs  Bank details will be emailed

Invoice  Cheques made payable to Jaama Ltd

Purchase Order No.

Signature .....

Please fax this signed booking form to 01827 51472

I have read and understood the enclosed booking conditions