



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 (£431.25)
 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 book conditions