

# BOOKING FORM

5 easy ways to register

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POST: BMS Consultancy Ltd, Knowledge Dock Centre, University of East London, University Way, London E16 2RD

Course Title: \_\_\_\_\_

Course Dates: \_\_\_\_\_

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## Delegate Details

Title: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Organisation: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

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## Sponsoring Organisation

Name of Organisation: \_\_\_\_\_

Authorised Person Name: \_\_\_\_\_

Authorised Person Title: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

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## Authorisation

I authorised this booking and agree to abide by the Terms & Conditions as set out overleaf \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Booking Contact: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Tel: \_\_\_\_\_

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**NOTE:** This form may be reproduced for additional registrations



For registration or further details, please

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#### **Alternatively contact**

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