

Working Successfully with Children

Wednesday 27th February, St John Street

Registration form

PLEASE COMPLETE IN BLOCK CAPITALS

Title:	First Name:	Surname:
Job title:		
Organisation:		
Home Address:		Work Address:
Tel:		Fax:
Email:		
Special dietary requirements:		
<input type="checkbox"/> English UK Member £150	<input type="checkbox"/> ACS Candidate Centre £175	<input type="checkbox"/> Non-Member £195

NOTE: Places are limited to 13 and are allocated on a first-come first-served basis. We will notify you if the course is fully booked.

Payment options (please tick the appropriate box)

<input type="checkbox"/> Please invoice my organisation Purchase Order number _____ (if applicable) <i>Payment must be received within 30 days of the invoice. Admittance to the course will not be allowed unless payment has been received</i> <input type="checkbox"/> I enclose a cheque Please make all cheques payable to English UK Enterprises <input type="checkbox"/> Please debit my debit/credit card <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> SWITCH <input type="checkbox"/> SOLO Card No: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Security No: _____ Expiry date: _____ Issue No. (SWITCH only): _____ Card holder's name: _____ Signature: _____ <input type="checkbox"/> BACS Account name: English UK Enterprises ; Account no: 46633189 ; Sort Code: 60-60-08 (please quote invoice number)

English UK Training Events 2007/2008

Registered Office
219 St John Street
London EC1V 4LY

Company Registration No.
5200973

Terms and Conditions

Fees

1. The course fee covers the provision of the course, all written materials and light refreshments and lunch for one participant.
2. English UK reserves the right to refuse entry if payment has not been received in full by the course start date.

Refund Policy

3. ENGLISH UK will refund fees in full in the unlikely event of the course not going ahead
4. ENGLISH UK will refund fees in full if the participant cancels 21 days before the event
5. ENGLISH UK will refund 50% of the fees if the participant cancels more than 14 days before the event
6. ENGLISH UK will not refund fees if the participant cancels less than 14 days before the event. A substitute may be sent on the course
7. Notice of cancellation must be received in writing

Important note

8. By signing this form, the applicant confirms that s/he has received and read a copy of the course programme.
9. Please keep a copy of this form as a record of your booking. Official confirmation will be sent to you.

Signed _____

Date _____

Please return the completed registration form by post/fax/email to:

Beth Macchi, Professional Services Officer
English UK, 219 St John Street, London, EC1V 4LY
Tel: 020 7608 7960, Fax: 020 7608 7961
e:training@englishuk.com

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