## **Arboricultural Association Training booking form 2012**

For Official Use Only			Arboricultural Association Training booking form 2012 – Web Site									
Delegate Number	Application Number		Invoid Numb			Acknowledgement Sent						
Please return completed booking Arboricultural Association, Ulle Fel: +44 (0)1242 522152, Fax: +44	nwood Court, Ullenwoo					UK						
Booking Form												
Event Name												
Event Date		_	it Venue hown o	n events list)								
Delegate Information (	use a separate form for	or each de	elegate)									
Delegate Title		Nam										
Delegate Contact Address						,						
					Postcode							
Delegate E-mail (for joining in:	struction)				I.	l .						
Delegate Phone number												
Delegate Mobile number					-							
Dietary Requirement						,						
<b>Customer Information</b>	(For invoice and payr	nent proc	essing,	if different fr	om above)							
Company Name		,										
Company Address												
				Postco	de							
Company E-mail												
Company Phone Number												
Company Contact Name (if no	ot delegate)											
Are you registered for VAT?	Y	es	No	VAT Nu	mber:							
							£					
Please reserve a place for n	ne on the above eve	nt for the	e sum (	of:								
Note: <u>If paying membership</u>												
Fully paid up members only. Disc	counted rates exclude Oi	rdinary me	mber gra	ide.)								
Signature:			D	ate:								
<ul> <li>We reserve the right to cance</li> </ul>	el courses and refund	applican	ts if ther	e is insufficie	ent demand	l.						
Full charge will be applied to	any booking cancelle	ed less th	an 10 w	orking days	pefore the e	event.						
Charges may be applied to o	changes made to boo	kings tha	t have b	een received	d and ackno	owledged.						
Payment method												

Payment	method														
Please Tick Payment Method	Cheque (must be enclosed with booking). Please note that cheques are cleared before goods are processed.														
	Direct Debit (only if set up already with the Arboricultural Association)														
	Purchase Order (official document to be sent with the form)														
	Credit Card (circle type) MasterCard/ Visa/ Visa Delta/ Maestro														
	Name on Card														
	Card No													Security No. (mandatory)	
	Valid from	/	=	Exp	ires er	nd	/_				Issu	ue No.	(swite	ch only)	