Course Booking Form

DELEGATE DETAILS				
Name:			Department:	
Phone:			Address:	
Fax:		Address.		
Email Address:		Post Code:		
Special Dietary Requirements:			Other Requirements:	
COURSE DETAILS				
24 Hr Postural Management			Special Seating	
1 st Choice Dates			2 nd Choice Dates	
PAYMENT DETAILS				
Deposit (£25) / Full Amount (£250) - cheques payable to Active Design Ltd / Invoice me (details below)				
Contact Name			Invoice Address:	
Contact Phone				
Organisation				
Order No.			Post Code	
DELEGATE SELECTION				
PLEASE NOTE: We aim to provide the highest quality of training for all participants by ensuring an effective balance and mix of skills and experience on each course. Places are allocated accordingly, taking account of the responses to the questions on the application form.				
If you are not allocated a place we will automatically keep you informed of Please confirm your area of work:			of future courses but car Paediatrics	nnot guarantee you a place. Wheelchair Services
(please tick one or more)		☐ Social Services	☐ Other (please specify):	
Length of time qualified				
Current Position				
Length of time in current position				
What types of postural management equipment are you currently involved with?				
Are you responsible for the assessment or prescription of postural management equipment				
BOOKING NOTES				
When allocated we will confirm your place in writing, and will provide an invoice detailing the total cost and the date payment is due, (or a receipt				

If payment is not received by the due date, the place may be offered to other people on the waiting list.

Cancellation: The course fee is refundable (less £15 processing fee and £30 for the Chailey Approach book) if written notice is received at least four

Active Design Ltd reserves the right to cancel any course for any reason, in such an event Active Design Ltd shall only be liable for the refund of any course fees paid.

Active Design Ltd

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