



BOOKING FORM

Course Title	HACCP Refresher			Code	HREF
Venue				Date(s)	
DELEGATE DETAILS					
Title		Forename		Surname	
Position					
Company					
Address					
				Postcode	
Email					
Telephone				Mobile	
Nature of business				For Emergency Contact and text reminder ONLY	
PAYMENT DETAILS (Bookings are made and accepted subject to Verner Wheelock terms and conditions)					
Total Payment (Course Fee + VAT)				Order No.	
Please Invoice Name & Email Address					
Shall we send an accommodation guide?				Do you require disabled access?	
Is there anything that you feel we might need to know which may affect your ability to complete the training course, or which means you might need extra support from us (e.g. limited sight or hearing, understanding of English, dyslexia?) Please state:					
Any special dietary requirements?			English as a second language:		

Confirmation will be sent on receipt of this form and course information will follow approximately 2 weeks before the course.

The fee includes:

Course refreshments, lunches (face to face only), course folders and notes, where applicable exam fees, and certificate.

Overnight accommodation is NOT included unless specified

Conditions of Booking

Payment terms

Credit accounts are available subject to completion of a credit agreement and credit checks.

Companies: All courses MUST be paid for 21 days prior to the start of the course where credit agreed.

Individuals: All courses must be paid for at the time of booking

Once the booking form has been received by Verner Wheelock Associates Ltd, you are liable for payment. If you are unable to attend you may substitute at any time but cancellations cannot normally be made. See separate Terms & Conditions provided.

I HAVE READ AND AGREE TO THE CONDITIONS OF BOOKING Please mark X

I AM HAPPY TO BE CONTACTED ABOUT NEW COURSES AND OFFERS Please mark X

Authorised signature

Name (printed)

Position

Please note: It may be necessary, for reasons beyond our control, to alter the content, programme or course tutors.

EMAIL FORM TO: office@vwa.co.uk

INV. NO.		INV. SENT		W/B		P-C SENT		ACT	
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