Understanding Eating Disorders: Prevention, Detection and Support

Course Booking Form

Date: .....Venue.....

Your details

Title:.....Name.....

Job Title:.....

Address:.....

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Telephone:..... Email address:.....

Please specify any special dietry or mobility requirements:.....

Your booking

I would like to book ..... place(s) on this training course at £175pp.

Price includes one day course, handouts, certificates of attendance, morning and afternoon refreshments and lunch.

Payment

How would you like to pay?

Cheque/postal order (sterling only and made payable to **beat)** ☐

Credit/Debit Card (please complete your card details at the bottom of this form) ☐

Invoice (purchase order compulsory) ☐

Please return your completed booking form to:
Rachel Shuter, **beat**,
Wensum House,
103 Prince of Wales Road,
Norwich NR1 1DW

Fax: 01603 664915
Email: rachel@b-eat.co.uk

Terms and conditions

A confirmed booking constitutes formal acceptance of these terms and conditions.
Fees: cheques should be made payable to **beat**
Cancellations: Once a booking form has been received by **beat**, cancellation by a delegate will attract an administration fee of 20% of the full booking value.
Cancellations within one month of the event will not be eligible for a refund; however another delegate may be substituted. Failure to attend on the day, for any reason will not qualify for a refund. If for any reason **beat** is unable to deliver the event, an alternative date will be offered or a refund given.

Signature:..... Date:.....

Card Payment - This information will be shredded once payment has been completed

Card Type (*We only accept Visa, Mastercard, Switch/Maestro or Solo (UK Only)*.....

Card No. | | | | | | | | | | | | | | | | Start date.....Expiry date.....

Name as shown on card.....Issue No. (if applicable).....

3 Digit security code.....Card holder's signature..... Date.....

Billing Address:.....

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