

REGISTRATION FORM



Please complete one form per person for each course. Please photocopy as required.

COURSE TITLE: Year of ADI qualification

COURSE DATE: Course Fee:

NAME (Mr Mrs Ms Miss Other)

ORGANISATION

JOB ROLE

ADDRESS

Post Code Tel: Mobile

Email

Have you attended any QEF Mobility Centre courses in the past? If yes, please list

How did you hear about this course?

Any special requirements (e.g. dietary, hearing loop etc)

PAYMENT: I would like to pay £ via (please tick):

I enclose cheque made payable to 'QEF Mobility Services'

Please invoice (contact name & address)

Ref/Purchase No.

MasterCard/Visa/Delta/Switch: Please telephone to make payment

Signed: Date

Office Use: Invoice/Cheque No: _____ Payment in full

Confirmation & map sent Added to registration list

Fees will only be refundable, less 25% admin fee, if cancellation received 3 weeks before training date.

Return form with payment to: QEF Mobility Services, 1 Metcalfe Avenue, Carshalton, Surrey, SM5 4AW

Tel: 0208 770 1151 Fax 0208 770 1211 Email: mobility@qef.org.uk