



TRAINING COURSE & WELL BEING BOOKING FORM

(Please photocopy this booking form as required)

INVOICE ADDRESS

Company / Organisation	
Address	
	Postcode
Email	Telephone
Fax	No. of Employees

BOOKING CONTACT

Title	First Name	Surname
Position held	Email	

DELEGATE INFORMATION

Title	First Name	Surname
Position held	Email	
Mailing Address		
	Postcode	
Telephone	Fax	

COURSE DETAILS

Course Title	Course Date
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NATURE OF YOUR BUSINESS *(eg. Finance, Education, Manufacturing, etc)*

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PAYMENT *(Bookings will not be accepted unless accompanied by cheque or purchase order number)*

BY CHEQUE	Payment Authorised by	Position Held
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BY INVOICE	Order No.	Date	Signature	Date
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TERMS & CONDITIONS *(available on request or on website at www.ergo-active.co.uk)*

PLEASE SEND YOUR COMPLETED FORM WITH PAYMENT TO:

Ergo Active Ltd, 16 Back Lane, Rackheath, Norwich, NR13 6NN

All enquiries Telephone or Fax to 01603 784514

Email info@ergo-active.co.uk • Website www.ergo-active.co.uk

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