



Booking Form - Stack Testing Risk Assessment Course

| | |
|-----------------|--|
| Company Name | |
| Company Address | |
| Telephone No. | |
| Fax No. | |

Please reserve places for the following delegates:

| Name | Email Address | Mobile Number | Preferred Date | 2 nd Choice Date |
|--------------------------------|---------------|---------------|----------------|-----------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Specific dietary requirements: | Name | Request | | |

Dates are listed on the NEMS website (www.n-e-m-s.com)

Payment method
(please tick appropriate box)

| | | | | | |
|-----------------|--------------------------|--------------------------------------|--------------------------|-------------------------------|--------------------------|
| Invoice Company | <input type="checkbox"/> | Cheque (please make payable to NEMS) | <input type="checkbox"/> | BACS (see bank details below) | <input type="checkbox"/> |
|-----------------|--------------------------|--------------------------------------|--------------------------|-------------------------------|--------------------------|

If you would prefer to pay by credit/debit card please pay via the website.

Bank details for BACS payments: Yorkshire Bank; Sort Code 05-04-04; Account Number 13162348.

Payment must be received in advance of the course.

Cancellation within four weeks of the course date will still require payment of the full course fee.