

Short Course Booking Form

Delegate Details
*Name: _____
*Address: _____
*Postcode: _____
*Purchase Order No: _____ (If applicable)
*E-mail: _____ (if available)
*Tel: _____ (Please include area code)
*Fax: _____ (if available)
*Employer: _____

Company / Invoice Address
*Name: _____
*Address: _____
*Postcode: _____
*Contact Tel: _____ (Please include area code)
*E-mail: _____ (if available)

Independent Equal Access
I would like someone to contact me to discuss additional requirements Please tick if applicable
I have additional requirements but request no additional help

*** All fields are mandatory where applicable**

*Delegate's Full Name	*Course Title	*Course Fee	*Exam Fee	*Dates of Course

I accept the booking conditions listed below:

Cancellation Policy * PLEASE NOTE NO RECEIPTS WILL BE ISSUED UNLESS REQUESTED

1. Cancellations may be given over the phone but must be confirmed in writing
2. For cancellations received less than 5 working days before the start of the course or once the course has started, there is no fee refund. Substitutions can be made at any time before the start of the course.
3. Orkney College reserve the right to cancel any course at any time, in which case alternative dates will be offered or a full refund given.

*Employer Signature: _____ Date: _____

FOR OFFICE USE ONLY

Please return this form to:

Orkney College (Short Courses)

East Road, Kirkwall, Orkney, KW15 1LX.

- Tel: **01856 569203** or **01856 569206**
- Fax: **01856 569006**
- Enquiry: tina.brown@orkney.uhi.ac.uk
- Enquiry: dorothy.learmonth@orkney.uhi.ac.uk

Allocated a place	Payment received by cheque
Placed on waiting list	Payment received by cash
Course confirmed by telephone	Fee waiver evidence received
Course confirmed by fax	ILA evidence received
Course confirmed by email	