

Scheduled Training Course Booking Form

(attendance at a standard course)



COMPANY DETAILS

COMPANY NAME: _____

BOOKING CONTACT: _____

EMAIL ADDRESS: _____

TEL. N^o: _____

INVOICE ADDRESS: _____

INVOICE EMAIL: _____

PO (if required): _____

COURSE & DELEGATE DETAILS

Course code: _____

Date: _____

	DELEGATE NAME	DATE OF BIRTH	DELEGATE'S EMAIL ADDRESS:	DIETARY REQS*
1.				
2.				
3.				
4.				

Course code: _____

Date: _____

	DELEGATE NAME	DATE OF BIRTH	DELEGATE'S EMAIL ADDRESS:	DIETARY REQS*
1.				
2.				
3.				
4.				

* Dietary requirements: None, Vegetarian, Vegan, Dairy Free, Gluten Free, other please state.

VENUE DETAILS

Classroom training to be delivered at the Water Management Society Training Facility in Tamworth, Staffs. Training will start at 09:15 and will be completed by 17:00. Details of local hotels are available upon request. Access codes for online training will be released once payment is received in full.

DECLARATION

The Water Management Society manages all personal data in accordance with its Data Privacy Statement which can be viewed at www.wmsoc.org.uk/privacy-policy.

I have read, understood and agree with how The Water Management Society manages personal data.

I have read and agree to the terms and conditions:
<https://www.wmsoc.org.uk/terms-conditions>

The people listed on this form agree to receive marketing communications from WMSoc
YES NO

I confirm that the above details are correct and agree to Water Management Society booking the specified training:

Signature: _____ Print name: _____ Date: _____

The Water Management Society is registered for training services with the Legionella Control Association.