

Course Booking Form

Name(s): _____

Company: _____

Telephone Number: _____

Email _____

Course Title: _____

Course Date(s): _____

Course Venue: _____

Remittance enclosed for: € _____

Invoice will be issued on receipt of payment. Training is subject to 0% VAT.

There is a 10% discount for IACP members and the second and subsequent participants from the same company.