



Contact details	
Employer/Business Name	_____
Address	_____ _____ _____
Telephone	_____ Fax _____
Email	_____ Mobile _____
Signed	_____ Date _____

Invoice details (if different from above)	
Address	_____ _____ _____
Telephone	_____ Fax _____
Email	_____ Mobile _____

Event Details		
Type of event/course	_____	
Number of attendees:	_____	
Start and Finish times	Theatre	<input type="checkbox"/>
	Boardroom	<input type="checkbox"/>
from <input type="text"/>	U-shaped	<input type="checkbox"/>
	Classroom	<input type="checkbox"/>
to <input type="text"/>	Is a top table required	<input type="checkbox"/>
	No: to be seated at top table	<input type="checkbox"/>

Equipment needed			
TV & Video	<input type="checkbox"/>	Catering	Menu 1 <input type="checkbox"/>
Projector & Screen	<input type="checkbox"/>		Menu 2 <input type="checkbox"/>
OHP & Screen	<input type="checkbox"/>		Menu 3 <input type="checkbox"/>
Flipchart	<input type="checkbox"/>		Menu 4 <input type="checkbox"/>
Registration table required	<input type="checkbox"/>	Numbers for catering:	<input type="checkbox"/>

Return your completed for Paula Strangwood 7Y Services Ltd Wharton Court Leominster Herefordshire HR6 0NX tel: 01568 61911 fax: 01568 610061	Office use: Course info sent: Paid in full: Course Date: Assessment Arranged:
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