

COURSE ORDER FORM

Please complete all applicable information below

1. FULL NAME _____

Please write your name in the same way as it appears on your Booking Form and underline your surname/family name

TITLE _____ **GRADE/SPECIALTY** _____

ADDRESS _____

_____ **POST CODE** _____

E-MAIL ADDRESS _____ **TELEPHONE NUMBER** _____

Course materials will be sent to you via post upon receipt of payment, it is therefore essential that you provide the contact details requested above to ensure safe delivery.

2. COURSE TITLE: _____

DATE OF ATTENDANCE _____ **DURATION** _____

LOCATION _____

3. PAYMENT DETAILS

I enclose payment of £_____ with this form – Please make cheques payable to ‘Developmedica’ (*see website for course fees and dates*)

My sponsoring institution will be paying my course fee directly to Developmedica (*please include cheque*)

My sponsoring institution will require an invoice before a payment can be made

4. PAYEE INSTITUTION DETAILS

INSTITUTION (*e.g. Deanery, General Practice, Healthy Authority*) _____

CONTACT NAME _____

Please provide the full name of the payee to which the invoice should be sent

ADDRESS _____

_____ **POST CODE** _____

E-MAIL ADDRESS _____ **TELEPHONE NUMBER** _____

An invoice will be sent to your sponsor via email or post (if requested) to the sponsor listed above. It is therefore essential that you provide the contact details requested above to ensure safe delivery and correctly book onto your course.

5. DEVELOPMEDICA CONTACT DETAILS

Developmedica
Course Booking
Castle Court
Duke Street
Nottingham
Nottinghamshire
NG7 7JN

CONTACT NUMBER: 0845 8380 571 / 0115 7200 025

WEBSITE: www.developmedica.com

EMAIL: info@developmedica.com

6. TERMS AND CONDITIONS

For cancellations made by delegates for training courses more than four weeks prior to the start date we will refund 100% of fees received from delegates less a refund administration fee of £50 per course. For cancellations made by delegates for training courses made less than four weeks, but more than two weeks before the start date of a course - we will refund 50% of the course fees less a refund administration fee of £50 per course. For cancellations made by clients less than two weeks before the start date of the course no refund of fees will be made.

Attendee Signature: _____

Date: _____

Payee Signature*: _____

Date: _____

*I confirm that I am authorised to make this payment on behalf of _____ (*sponsoring institution*)

Please post back to:
Developmedica
Castle Court
Duke Street
New Basford
Nottingham
NG7 7JN

Or fax to: 0870 8031 430

Or email to: info@developmedica.com