

**BOOKING FORM**

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| --- | --- |
| School: |  |

Course Details:

|  |  |
| --- | --- |
| Course Title: |  |
| Course Date(s): |  |
| Course Fee: |  |

Participant Details:

|  |  |  |
| --- | --- | --- |
| Name: | Contact Tel No. | Email Address: |
|  |  |  |

Special Requirements (dietary/mobility etc):

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| --- |
|  |

Contact Details for invoicing purposes:

|  |  |  |
| --- | --- | --- |
| Name:(invoices will be sent separately) | Contact Tel No. | Email Address: |
|  |  |  |

* Places will be allocated on a first come/first served basis
* Confirmation of allocation will be sent via email on receipt
* Further details will be sent prior to the start of the programme
* If for any reason you need to cancel your booking unfortunately a refund will only be issued if we are able to fill your place

**Contact details:**

For further information please contact:

Ann Wilks Director Professional Learning Network

E: Directorpln@gmail.com

T: 07917 734531

**To make a booking please complete the booking form and return it to:** prolearnnet@gmail.com **at least a week prior to the CPD.**