

Training & Competence Booking Form

Course/Assessment Name:				Course	Assessment Date:
Delegate Name(s):					
Company Name:					
Company Address:					
Company Registration Number:			VAT Number:		
Telephone Number:					
Email Address:		·			
Invoicing address (if different from	ahove)				
Company Name:					
Company Address:					
Company Registration Number:			VAT		
Telephone Number:			Number:		
Invoicing Email Address & Contact name					
	less than 14 days in ac	CSA Group at least 14 da	ys in advance of the	e course da	te, and pay a transfer fee of £
VAT per delegate per event. Transfers requested SA Group/Sira Certification reserves the right to course/assessment. In these cases a transfer will b SA Group/Sira Certification reserve the right to ca SA Group/Sira Certification is not liable for expension of the service of	ancel a course/assessr e offered or full credit g ncel a course/assessm	dvance of the course date ment should the number of iven if a transfer to the ne ent for reasons outside of	will be charged in a f bookings be less t xt course date is no its control.	accordance han the mir ot suitable.	with the above cancellation fe nimum required for the
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