

Course Title	Date	Cost
	/ /	

\*These sections **must** be completed or we will be unable to process your booking form. Non-members must enclose payment with this booking form.

Delegate Details	
*Your Name:	
*Your Organisation's Details: (Your invoice will be sent to this address unless you state otherwise)	Name: Address:  Postcode:
*Where should the invoice be sent if not to your organisation?	Name: Address:  Postcode:
*Your Email Address:	
Can we send all course correspondence by email? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If no, please provide an address to send booking confirmation:	
Address:	
Postcode:	
*Your telephone number in case we need to contact you urgently:	
Do you have any particular requirements?	If yes, please give details and tell us what you need in place:
Where did you learn about our courses?	
Which District Council area do you work in?	

\*I confirm that I approve attendance on this course and agree that we will meet the course costs. I understand that full payment will be owed once confirmation letters have been sent.

\*Manager's signature: \_\_\_\_\_ Date: \_\_\_\_\_

All cheques to be made payable to **Momentum (Norfolk)**  
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**Phone:** 01603 819135 **Email:** training@momentumnorfolk.org.uk