

Short Course Booking Form

2008 / 2009

Short Course Booking Form

INFORMATION

Contact Name

Name: _____ Title: _____ Position: _____

Organisation

Name: _____

Address: _____

Postcode: _____ Email: _____

Telephone: _____ Fax: _____

DELEGATE DETAILS

Course Title: _____

Course Date(s): _____

Delegate(s)

1. First Name: _____ Surname: _____ Title: _____

2. First Name: _____ Surname: _____ Title: _____

3. First Name: _____ Surname: _____ Title: _____

FURTHER DETAILS

Please send further information on the following courses / programmes:

PAYMENT METHOD

Invoice:
Order No: _____

Cheque enclosed:
*Please make payable to
'Queen's University Belfast'.*

BOOKING

Fax-back: 028 9097 1084
Telephone: 028 9097 5059 / 5260
Email: cpd@qub.ac.uk
Post: School of Education (CPD)
20 College Green
Belfast BT7 1LN.