

Training booking form

Contact name

Position

Organisation

Address

Telephone Fax

Email

Tick if you would like to be added to our training and events ebulletin

I wish to book the following courses

Names of participants	Course(s)	£	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you would like any of these, please tell us

Large print needed Braille pack needed Other needs *(please call us)*

Wheelchair user Will be bringing a facilitator

Do you have special dietary requirements

I enclose a cheque for £ *made payable to 'Child Poverty Action Group'*

Please invoice my organisation *(give details of who should be invoiced if different from above)*

Please phone us on 0141 552 3303 if you have any disability needs, dietary requirements or any other requests.

Please return booking form to Pauline Chalmers, CPAG in Scotland, Unit 9, Ladywell Business Centre, 94 Duke Street, Glasgow, G4 0UW

