

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"/>
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<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.