

## **BOOKING FORM**

Skills Training Centre Ltd info@skillstrainingcentre.co.uk www.skillstrainingcentre.co.ul

## PLEASE COMPLETE ALL SECTIONS IN TYPE or BLOCK CAPITALS

Event Name		
Event Date(s) Event Cost	£ per candidate / for up to	candidates (please delete as necessary)
	TS All costs are subject to VAT at 20%	Additional candidates @ £ per candidate
	5 per mile from STC to training venue	Licence fees @ £ per candidate
_	•	
Overnight accommodat	ion @ £85 per night (if required)	Certificate fees @ £ per candidate
Other costs £		Registration & assessment fees @ £ per candidate
	fore the start of the event unless you have an STC 3	0 day credit account (details available on request).
	t/debit card or please call me to take payment (delete as appro	
	Account. Our purchase order number is	
Your ref/buyer ID etc		
* Denotes mandatory	/ fields	
PERSON BOOKING	G EVENT (highlighted sections are mandatory)	*BILLING CONTACT Tick if same as person booking event or complete below
*Name	(g.m.g.maa oostona are manaator))	Name
Position	_	Position
*Company		Company
*Address		Address
-		
*Postcode		Postcode
*Tel		Tel
Mobile		Mobile
Email		Email
EVENT LOCATION		At STC (please tick)
Contact		
Company		<u> </u>
Address	Postcode	
Tel		Mobile
Email		
CANDIDATE DETA	AILS	
I would like to book	Places (candidates names to follow)	
Name		Job Title
1		
3		
4		
5	_	
6		
7 8		
9		
10		
By completing this booking for     Unless advised otherwise. All     If the Customer terminates this	Agreement between 21 days and 15 days before the commencement of the event,	
STC OFFICE USE		
STC PO No.	Sales Person:	Co-ordinator: New Event on C4 Required
Mileses calculation CO 4E v	miles = £ Total calcu	lated cost = £ Handover required: YES/NO (please delete as necessary)
Mileage calculation £0.45 x		