



Course Booking Form

PERSONAL DETAILS

ATTENDEE 1

Title	First name
Surname	
Address	
Postcode	
Daytime tel no	
Evening tel no	
Email	
Membership number (if applicable)	
Membership expiry date	
ILA number (if applicable – see page 3)	

ATTENDEE 2

Title	First name
Surname	
Address	
Postcode	
Daytime tel no	
Evening tel no	
Email	
Membership number (if applicable)	
Membership expiry date	
ILA number (if applicable – see page 3)	

COURSE DETAILS

	ATTENDEE (1 AND/OR 2)	COURSE NAME	COURSE DATE(S)	COURSE TUTOR	COURSE FEE
1					
2					
3					
4					

Places cannot be guaranteed. Help us save paper. Please tick this box if you would like an email notification of future courses.

TOTAL COST

PAYMENT DETAILS

Payer

(IF THE PAYER'S DETAILS ARE DIFFERENT FROM THOSE ABOVE, PLEASE PROVIDE THEM HERE)

Person paying
Payer's address
Postcode
Tel no
Signature
Start date

Payment by Credit Card

Visa
 Mastercard
 Switch/Maestro

Amount	
Card number <input type="text"/>	
Start date <input type="text"/>	Expiry date <input type="text"/>
Name on card	
Security code <input type="text"/> (on the signature strip on the back of your card)	