



HEALTH & SAFETY TRAINING BOOKING FORM

***I would like to book the following in-house course/*Please reserve
places on the following public training course (*delete as appropriate)**

Course title:

Course date:

Delegate(s) name(s):

Access and dietary requirements Yes No

Please give details of your needs:

Company name:

Company address:

Tel No:

Fax No:

Cheque enclosed for the course fee (please add VAT): £
(All course prices advertised are excluding VAT which is charged at 17.5%)

or Company purchase order no:

ALS regrets that bookings will not be accepted without payment

Book on-line at www.alsltd.com

Please return this form to Kay Markwick, Training Co-ordinator