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**Please print out the 2 pages of this form, complete the requested information and payment details.
Fax the completed form to: + 44 208 711 6876**

Name: _____

Company / Organisation: _____

Contact Details:

Address: _____

City: _____ State: _____ Postal Code: _____

Country: _____ Phone: _____

Fax: _____ Email: _____

How Many Attendees: _____

If more than one attendee please include a name _____
and email address of the other attendees here:

Payment details:

Please enter a number in the appropriate box. Fees appear per training (two days) per person. Fees are inclusive of tuition and lunch but do not include accommodation.

	Fee +VAT (£)	Total	Number of attendees	Total
Standard	£750 + £150	£900		
NPO*	£495 + £99	£594		

Method of Payment: VISA MasterCard American Express**

Credit Card #:

Expiration Date: / CCV (3 digit number on back of card):

Printed Name of Cardholder: _____

Signature of Cardholder: _____ Date: _____

*Non-profit organisations; charities, public sector, academia

Please contact training@symmetron.net for alternative payment methods and/or queries about the course.

**Thank you. A receipt will be issued upon confirmation of payment.
We look forward to seeing you at the course.**