

ACE Centre North Booking Form

Please complete one form per delegate in BLOCK capitals and return to:

Kristina Atkins
 ACE Centre North
 Hollinwood Business Centre
 Albert Street
 Hollinwood
 Oldham OL8 3QL

Email: katkins@ace-north.org.uk

Course Title & Date: _____

Name of Delegate: _____

Job Title: _____

Organisation (e.g. PCT, LEA) _____

Location (e.g. School, Dept of S<) _____

Address: _____

Telephone: _____ **Fax:** _____

Email Address: _____

Additional Requirements: _____

Payment Details

*** PLEASE NOTE Payment is required in advance and all monies are none refundable**

Delegate rate includes lunch and refreshments (Lunch is not provided on half day courses)

Please find enclosed a cheque for £_____ made payable to the ACE Centre North

Please invoice _____

Purchase Order Number: _____

**** An invoice will be issued ONLY where a valid Purchase Order has been provided**

Service Level Agreement

- School Service Level Agreement
- Local Authority Service Level Agreement

Main Contact / Authorised by: _____

How did you find out about this course?

- E-Mail
- Training Flyer
- Website (Please specify)
- Word of mouth
- ACE Centre North Training Event
- Other (Please specify)