



| Course name: *  |       |            |           |
|---|-------|------------|-----------|
| Course date: *  |       |            |           |
| Delegate Name: Mr/Mrs/Miss/Ms   |       |            |           |
| Organisation: *   |       |            |           |
| Organisation address in full:   |       |            |           |
|   |       |            |           |
|   |       |            | Work Tel: |
| Postcode:   |       |            | Mobile: * |
| HR contact email:   |       |            |           |
| Name/address for sending confirmation to (if different than above):   |       |            |           |
|   |       |            |           |
| * - mandatory fields  |       |            |           |
| GTA University Centre, Suite D, St. Peter Port House, Union Street, St. Peter Port, Guernsey, GY1 2PT. You will receive an email confirmation in advance of the course, if you do not receive an email confirmation, please let us know.  Your invoice will be raised on receipt of your booking and our terms are 14 days.  Payment can be made as follows:  CHEQUE: made payable to "GTA University Centre"  BACS: HSBC Bank, 40-22-25, 02140926, GTA University Centre Ltd t/a GTA  PHONE: please call our Accounts Team on 224570 to make your payment  ONLINE: at the time of booking, this only applies to bookings made electronically |       |            |           |
| <b>Cancellations:</b> All cancellations must be made in writing. A fee of 100% will be levied in respect of any cancellation made less than 14 days prior to the commencement of the course. A fee of 50% will be levied for cancellations made between 21 and 14 days prior to commencement. A substitute delegate can be named at any time.   |       |            |           |
| <b>Special arrangements:</b> If you have any special requirements, please inform us at the time of registration.  |       |            |           |
| I have read the Terms & Conditions above and choose the following payment method:   |       |            |           |
| CHEQUE  | BACS  | INVOICE    | PHONE     |
| CILIQUE   | 21100 | 114 4 0101 | 11011     |
| Signed: Date:   |       |            |           |

If you would like to be added to our mailing list, please tick this box