



PARTNER BOOKING FORM

Course Title	
Date	
Location	

Booker details:

First Name	
Surname	
Organisation (if applicable)	
Address	
Email	
Telephone number	
Fax number	

Delegate details:

Delegate title (Mr/Mrs/Miss/Other (please specify))	
First name	
Surname	
Job title	
Email	
Telephone number	
Mobile number	
Fax number	
Delegate correspondence address	
Special Dietary requirements (eg vegetarian, vegan, halal etc)	
Other requirements (eg wheelchair access required, please specify)	
ACCA Status	ACCA FCCA Non-member

I understand that once completed, this booking form will be passed to the relevant course provider and retained on its database in order that it can process the booking. ACCA will also retain this information for administrative purposes.

For full details regarding the terms and conditions relating to the event you have booked, please visit the relevant partner website address given below:

ACT

www.treasurers.org

CIMA Mastercourses

www.cimamastercourses.com

Evolia Training

www.evoliatraining.co.uk

FinancePD

www.FinancePD.com

ICSA Training

www.icsatraining.co.uk

MBL Seminars

www.mblseminars.com

I confirm that I have read and understood the terms and conditions

The course provider may wish to use the details given on this form to contact you about other relevant products that it offers. Tick below if you wish to receive these details.

By mail

By email

_____ Signature

_____ Date