

Booking form 2016

(Corporate)

INVOICE DETAILS

Is this a home or business address? Home Business

For the attention of Mr/Mrs/Miss/Other (please specify)

First Name Surname

Organisation (if applicable)

Address

Post Code

Tel

Fax

E-mail

VAT reg. no.

Please note all fields must be completed.

If you wish to book for more than one delegate please photocopy this form.

VAT registration number
GB 233 3332 02

DELEGATE DETAILS

If you are an ACCA/AAPA member, please give your registration number

Are you an ACCA? FCCA?

(Please note these letters will appear on joining instructions and the signing-in sheet)

Mr/Mrs/Miss/Other (please specify)

First Name Surname

Job title

Delegate correspondence address

Post Code

Is this a home or business address? Home Business

Delegate email address

Tel Mobile

continued

Preferred method of communication Email Post

SPECIAL REQUIREMENTS

Dietary: Vegetarian Other (please specify)

Other: (eg Wheelchair access required, please specify)

EVENT	LOCATION	DATE	FEE*

* enter discounted rate if applicable

Payment Method (tick as appropriate)

Please note, ACCA courses are VAT exempt. All other courses listed in this directory are subject to VAT at 20%. Cheques for ACCA courses should be made payable to CAET. Cheques for all other providers' courses should be made payable to CAEP. When making a booking involving ACCA courses and another provider's course(s), please remit separate cheques made payable to CAET and CAEP.

I enclose a cheque (made payable to CAET) for £ _____

I enclose a cheque (made payable to CAEP) for £ _____

Please charge to my

Mastercard Visa Visa Debit Amex

Account no. _____

Expiry date _____ Issue no. _____ Start date _____

Cardholder's name (as it appears on card) _____

Please invoice

The purchase order number/reference is: _____

I confirm that I have the authority of my company to incur this expenditure. I understand that invoices must be settled within 14 days or in advance of attendance at the event, whichever is the sooner. I further understand that delegates will be held responsible for payment of invoices.

I have read and accept the terms and conditions.

Signature _____

Date _____

ACCA and our approved training partners deliver CPD courses for both members and non-members. ACCA will maintain records including contact details and attendance records and these details will be disclosed to our approved training providers.

Please return this form to:

CAET, Professional Courses, ACCA UK, The Adelphi,
1-11 John Adam Street, London, WC2N 6AU