


Course Booking Form



Company Name:	
Company Address: (Certificates will be posted back)	
Booking Contact:	
Tel:	
Email:	
Your Website:	

<p>How did you hear about STORM?</p> 	Recommendation?	Yes	From whom?
	Radio?		
	Newspapers?		Which?
	STORM Stand?		
	Google?		
	Yell.com?		
	Yellow Pages?		
	Other?		
Why STORM?			
Have you visited?	www.stormconsultancyuk.com	Yes	No
What are your company expectations with this training?			
Anywhere else you would recommend we should advertise?			
Any other good suggestions for us?			
Are you aware STORM provides the following Services?			
Health and Safety	Staff Training	Environmental Management	Emergency Planning
Business Support			
Would you like any additional information on these services?			
<p>STORM Award! Note the company who fills in the above section the most comprehensively is awarded two FREE places on future selective STORM training sessions.</p>			

Course Booking Form



Student 1	
Name:	
Name of Course:	
Course Date:	
Location:	
Mobile:	
Email:	
	Cost per person £
Student 2	
Name:	
Name of Course:	
Course Date:	
Location:	
Mobile:	
Email:	
	Cost per person £
Student 3	
Name:	
Name of Course:	
Course Date:	
Location:	
Mobile:	
Email:	
	Cost per person £
Student 4	
Name:	
Name of Course:	
Course Date:	
Location:	
Mobile:	
Email:	
	Cost per person £
Total	
	£

Course Booking Form (Continued if required)



Student 5	
Name:	
Name of Course:	
Course Date:	
Location:	
Mobile:	
Email:	
	Cost per person £
Student 6	
Name:	
Name of Course:	
Course Date:	
Location:	
Mobile:	
Email:	
	Cost per person £

Total	£
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Methods of Payment:

By Cheque

Payable to:
STORM Consultancy

By BACs

Payable to:
STORM Consultancy
'Your company name as reference'

Postal Return:

STORM Consultancy
38 Crosby Road
Birkdale
SOUTHPORT
Merseyside
PR8 4TE

Banking Details:

Bank HSBC
STORM Consultancy
Sort: 40-42-30
Acc : 11852205

Please email to inform BACs payment made

Signed:

Print Name:

Date:

Note:

Booking confirmation will be emailed on clearance of funds

