



Booking form - please complete and fax to 01908 313661

I wish to attend the following courses:

- I am a CiB member
- I wish to join CiB, please send me a membership form

Date	Title	Cost

VAT
Total cost £

Full name

- Payment enclosed (to 'BACB')

Job title

- Please invoice my employer at the following address (Important: a Purchase Order no. is essential if your company operates this system)

Business address

Tel. no.

Mobile

Email

Fax no.

Signature

Payment by credit/debit card

- Please debit my card (*specify Visa/Mastercard, Switch, etc – regret American Express not available*)

Card number

Expiry date

Cardholder's name

Signature.....

Cardholder's address if different from business address given above

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