

CPE Workshop Group

Training Booking FORM

This booking does not guarantee that the course will go ahead as planned. Courses are subject to a minimum level of interest otherwise it will be postponed or cancelled. Return form to the address or email listed below. An invoice will be generated and returned to you by email. Proof of payment of that invoice will secure your place on the course, if received before deadline date. In the event of postponement, monies will be returned or credited.

Name of Course and Code: _____

Date and Venue: _____

Person's Name/s: _____

PMU Number/s: _____

Trade Association: _____

Address / Company: _____

Address: _____

Phone No.: (____) _____

E-mail Address: _____ @ _____

Eligibility for part subsidy from a Trade Association

I am a member (or an employee of a member) of a recognized Pest Management Trade Association
(Stated Above)

I am not a member of any Pest Management Trade Association

I declare that information given in this form is true and correct to the best of my knowledge.

Signed: _____ Dated: _____

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