

OTS TRAINING COURSE BOOKING FORM

CUSTOMER INVOICE ADDRESS								
Company/Organisation:								
Address:								
				Post code:				
Contact:	Telephone:							
Fax:	Email:							
			<u> </u>					
TRAINING LOCATI	OTS Kent OTS Surrey							
Please tick								
Site Address (if applicable)								
			Post cod	ost code:				
Contact Name:			Telephone:					
Course Title:	MEWPs Towers			Ladder/Ste		Other		
(please tick)								
Course	IPAF	PASMA		L.A.		OTS		
Registration:								
If the course is on customer's site the following questions must be answered/available:								
Suitable training room								
Machine make and model								
Expiry date of thorough examination report								
Operator manual/erecting procedure available								
A practical area <u>must</u> be available on site								
Course Coat Pataila								
Course Cost Details Cost per delegate or per course £ No. of delegates £								
Travel to site if applicable @ 48p per mile Total mileage					£			
round trip from Ashford Supply of equipment if supplied by OTS					£			
+ VAT						£		
TOTAL COST					£			
TOTAL COST								
Terms & Conditions Received & Accepted								
If applicable, IPAF Health & Fitness Statement Received & Understood								
Signed: Date:								