

## DRIVER CPC TRAINING BOOKING FORM

Please reserve places on the following courses :

Surname	Forename(s)	Title	Driver Licence Number	Course Number and Date	Venue

Unless agreed in writing by prior arrangement, payment **MUST** be made before the commencement of your course. Please return your completed form to the address at the top of the page.

**PLEASE READ THE BOOKING TERMS AND CONDITIONS ISSUED WITH THIS BOOKING FORM BEFORE COMPLETING THIS FORM.**

Company/Individual Name

Company/Individual Address

Postcode

Telephone Number

Fax Number

email Address

Invoice Address (if different)

Contact Name

**I confirm that I have read and am aware of the Terms and Conditions**

Signature

**I enclose a cheque made payable to Jeffs Coaches Limited to the value of £**