Course Booking Form

Team Manager Training

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| **Course Contact (name and email)** |  | **Region** |
|  |  |  |
|  |  |  |
| **Level (please circle)** |  | **Type (please select)** |
| TM1 / TM2 |  | Open / Closed |
|  |  |  |
| **Date** |  | **Start Time (of day)** |
|  |  |   |
|  |  |  |
| **Venue Name** |  |
|  |  |  |
| **Venue Address** |
|  |
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|  |  |  |
| **Presenter Name** |  |
|  |  |  |
| **Submitted by** |  |

Please send the completed form to jackiehilleard@gmail.com to register the course. Please note at least 14 days’ notice is required prior to the course date.