Health Technical Ltd. Training Course Booking Form

Name: Click or tap here to enter text.

Company/Hospital/Trust name: Click or tap here to enter text.

Company/Hospital/Trust address: Click or tap here to enter text.

Contact number: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

Emergency contact name: Click or tap here to enter text.

Emergency contact number:Click or tap here to enter text.

Course required: Choose an item.

Accommodation required for duration of course [x]

Accommodation required night prior to course [x]

Breakfast required [ ]

Dinner required [ ]

Dietary requirements Click or tap here to enter text.

By checking this box, I give Health Technical Ltd. permission to contact me via the details given above [ ]

By checking this box, I give Health Technical Ltd. permission to use any photographs featuring me, taken during the training course, for future marketing purposes [ ]

*Please complete one form per person attending.*

*Please send completed form back to us by email at* *info@healthtechnical.co.uk* *or by post to: Unit F19, Kestrel Court, Waterwells Drive, Gloucester, GL2 2AT*