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.

Course required: Choose an item.

Number of delegates: Click or tap here to enter text.

By checking this box, I give permission for Health Technical Ltd. 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*](mailto:info@healthtechnical.co.uk) *or by post to: Unit F19, Kestrel Court, Waterwells Drive, Gloucester, GL2 2AT*