

## PHOTOBIOLOGICAL SAFETY TRAINING 2017 REGISTRATION FORM

| 1 Enter Delegate Information [Please complete one form per delegate] |  |           |  |
|----------------------------------------------------------------------|--|-----------|--|
| Title                                                                |  | Company   |  |
| First Name                                                           |  | Address   |  |
| Last Name                                                            |  |           |  |
| Job Title                                                            |  |           |  |
| Telephone                                                            |  | City      |  |
| Fax                                                                  |  | Post Code |  |
| Email                                                                |  | County    |  |
|                                                                      |  | Country   |  |
| Please state if you have any special or dietary needs:               |  |           |  |
|                                                                      |  |           |  |
|                                                                      |  |           |  |
|                                                                      |  |           |  |
|                                                                      |  |           |  |
|                                                                      |  |           |  |

| 2 Select Course Date & Location * |                                                | Cost    | ✓ |
|-----------------------------------|------------------------------------------------|---------|---|
| 20 <sup>th</sup> September 2017   | Photometric Testing's laboratories, Cheltenham | £450.00 |   |
|                                   |                                                |         |   |
|                                   |                                                |         |   |
|                                   |                                                |         |   |

*\* The course fee includes a printed copy of the lecture notes as well lunch and morning/afternoon refreshments.*

| 3 Enter Purchase Order Information |                |
|------------------------------------|----------------|
| Purchase Order No.                 |                |
| Sub-Total                          | £450.00        |
| VAT @ 20%                          | £90.00         |
| <b>TOTAL</b>                       | <b>£540.00</b> |

| 4 Enter Payment Information [Payment is required prior to course attendance]                |                          |                                                                                              |                      |
|---------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------------------------------------------------|----------------------|
| ✓                                                                                           | <input type="checkbox"/> | Payment by Credit Card [If you prefer call us on +44 (0) 1242 701300 with your card details] |                      |
| Credit Card Number                                                                          | <input type="text"/>     | CVC Code *                                                                                   | <input type="text"/> |
| Credit Card Type                                                                            | <input type="text"/>     |                                                                                              |                      |
| Cardholder Name                                                                             | <input type="text"/>     |                                                                                              |                      |
| Cardholder Address                                                                          | <input type="text"/>     |                                                                                              |                      |
|                                                                                             | <input type="text"/>     |                                                                                              |                      |
|                                                                                             | <input type="text"/>     |                                                                                              |                      |
| Valid From                                                                                  | <input type="text"/>     | Expiry Date                                                                                  | <input type="text"/> |
| ✓                                                                                           | <input type="checkbox"/> | Payment by Cheque or Bank Transfer [We will send you a pro-forma invoice]                    |                      |
| Paying by cheque? Please make cheques payable to Photometric & Optical Testing Services LLP |                          | Paying by bank transfer? We will give you our bank details on the pro-forma invoice          |                      |

\* The CVC is the credit card verification code. For most cards this is the last 3 digits in the signature strip on the reverse of the card. For Amex cards, this is the 4 digit number on the front face of the card.

| 5 Please Sign Here |                      |
|--------------------|----------------------|
| Print Name         | <input type="text"/> |
| Signature          | <input type="text"/> |
| Date               | <input type="text"/> |

| 6 What To Do Next? [We will confirm your registration – and send you a pro-forma invoice if required – by return] |                                                                                              |
|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| Return your registration form                                                                                     | by fax to +44 (0) 1242 707370                                                                |
| Return your scanned registration form                                                                             | by email to <a href="mailto:info@photometrictesting.co.uk">info@photometrictesting.co.uk</a> |
| Any questions?                                                                                                    | Call us on +44 (0) 1242 701300                                                               |
| Need travel advice or directions?                                                                                 | Go to <a href="http://www.photometrictesting.co.uk">www.photometrictesting.co.uk</a>         |

#### TERMS & CONDITIONS

- Submission of your registration form does not guarantee your place on a course. Your registration will be confirmed as soon as possible. Please do not make travel arrangements until your place has been confirmed.
- Payment must be made in full before joining a course. Any delegate who has not paid will be refused entry.
- Cancellations:
  - Events outside of our control may mean that we have to cancel a course at short notice. All efforts will be made to contact you beforehand, however Photometric Testing assumes no liability for any direct or indirect losses incurred in the event that we have to cancel a course.
  - If Photometric Testing has to cancel the course, you will be given a full refund, or (if you prefer) a credit for a place on the next available course.
  - If you are unable to attend a course for which you have registered and paid, a refund will be given on condition that written notice is received at least 7 working days before the date of the course (a 10% administration fee will be deducted from the refund). No refund is provided after this date.
- VAT will be charged at the prevailing rate, currently 20%.
- Please inform us if you have any special dietary requirements or any special needs (for example if you need wheelchair access).
- Data protection – by submitting your details you agree to allow Photometric Testing and associated companies to contact you by phone, email and letter.

| For Office Use Only          |                      |                            |                      |
|------------------------------|----------------------|----------------------------|----------------------|
| POTS Reference No.           | <input type="text"/> | Registration Confirmed (✓) | <input type="text"/> |
| Pro-Forma Invoice Issued (✓) | <input type="text"/> | Pro-Forma Invoice Date     | <input type="text"/> |
| Pro-Forma Invoice Number     | <input type="text"/> | Payment Received (✓)       | <input type="text"/> |