

Knowledge Seven | Booking form for Training

Course title: _____

Start date: _____

Company name: _____

Company BRN: _____

Company address: _____

Company phone: _____

Number of trainees: _____

Names, emails _____

and phone numbers _____

of trainees: _____

Amount payable: _____

Contact person: _____

Job title: _____

Phone: _____

Email: _____

Signature: _____

Please send us a copy of this form by Fax (403-4300)
or by email (info@knowledge7.com)

The original form together with payment should be submitted
or posted to our office. All fees are payable before training
starts. Check our website for our refund policy.



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