**Venue: Cranfield Ordinance Test & Evaluation Centre,**

**West Lavington, Devizes, Wilts. SN10 4NA**

**Course fees as follows:**

Early bird\* members rate: £800 + VAT per person

Members rate: £900 + VAT per person

Non-members rate: £1,100 + VAT per person

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| --- |
| **Company information** |
| **Company** |  |
| **Address for invoicing** |  |
| **Email for invoicing** |  |
| **PO Number**  |  |
| **PSS Member** | **Yes** |[ ]  **No** |[ ]

|  |
| --- |
| **Delegate information (1)** |
| **Name** |  |
| **DOB** |  |
| **Dietary requirements** |  |
| **Address for certificate**  |  |

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| **Delegate information (2)** |
| **Name** |  |
| **DOB** |  |
| **Dietary requirements** |  |
| **Address for certificate**  |  |

**Select required course date below:**

~~Tuesday 30 January 2024~~ [ ]  Thursday 16 May 2024 [ ]

Tuesday 22 October 2024 [ ]

Please note that spaces are limited to 15 attendees per course. Please return this form to info@portskillsandsafety.co.uk

\*Booking more than two months in advance.

**Terms for cancellation of attendance**

If, after a candidate has been allocated a place on the training course, they can no longer attend you must give PSS advance notice of cancellation by email to info@portskillsandsafety.co.uk.

If you give less than 60 days’ notice of cancellation, the following cancellation charges will apply:

|  |  |
| --- | --- |
| **Notice of Cancellation Received** | **Cancellation Charge****(% of fee)** |
| **Less than 60** days prior to the date of the course | **25%** |
| **Less than 38** days prior to the date of the course | **50%** |
| **Less than 14** days prior to the date of the course | **100%** |

The cancellation charges may be deducted from any amount that has been paid to PSS prior to the date that notice of cancellation is received or charged separately.

In the event that there are not enough delegates for the course to run, PSS will provide as much notice as possible and offer the delegate alternative dates to attend.

I have read, understand and agree to the above.

Name:

Position:

Signed:

Date: