

**Training Booking Form**

**Course title:**

**Date and Place of Training:**

(if known)

**Name:**

**Job Title:**

**Organisation:**

**Address:**

**Contact email:**

(An email address for the attendee must be provided. Informing Choices NI will send out any relevant information to the training via email.)

**Dietary Requirements:**

(for full day training courses only)

**Payment method:**

(Please give name, address, email and telephone number to send invoice)

Please email completed form to [training@informingchoicesni.org](mailto:training@informingchoicesni.org)