

ENROLMENT FORM

PLEASE COMPLETE THE APPROPRIATE BOXES AND RETURN IT TO THE SGS ACADEMY

FAX: +44 (0)1276 697 696 OR EMAIL: UKACADEMY@SGS.COM

CONTACT DETAILS

*First name: _____

*Surname: _____

*Job title: _____

*Company name: _____

*Address: _____

_____ *Postcode: _____

Country: _____

Tel: _____ Fax: _____

*E-mail: _____

How did you hear about us?

*Please book the following people on to the SGS Academy courses indicated below.
(Venues and dates published are subject to change at the discretion of SGS United Kingdom Ltd.)*

DELEGATE 1

*First name: _____

*Surname: _____

Job title: _____

*Tel: _____ Fax: _____

*E-mail: _____

Course code: _____

*Dates: _____ *Location: _____

*Upon acceptance of this proposal, and applicable terms of conditions by email, a binding contact will be formed.
Accordingly, you authorise SGS to invoice for such services in accordance with the terms and conditions.*

*Mandatory information

INVOICING DETAILS (if different from contact details)

First name: _____

Surname: _____

Company name: _____

Address: _____

_____ Postcode: _____

Country: _____

Tel: _____ Fax: _____

*E-mail: _____

*Company registration number: _____

*VAT number: _____

Certified SGS client? _____

If yes, please provide your certificate number: _____

DELEGATE 2

First name: _____

Surname: _____

Job title: _____

Tel: _____ Fax: _____

E-mail: _____

Course code: _____

Dates: _____ Location: _____

PRINT

EMAIL

RESET

T&Cs

METHOD OF PAYMENT

Please invoice using purchase order no.: _____

BACS transfer. This should be made to National Westminster Bank plc., 5 High Street, Bracknell, Berkshire. RG12 1DH. Sort Code: 51-81-22. A/c name: SGS United Kingdom Ltd. A/c no.: 67719163. Please fax confirmation of your bank transfer to us on +44 (0)1276 697 696 quoting the delegate's name and course title/date.

Credit/debit card (SGS will contact you for your card details).

I do not wish to receive emails with the latest news and information from SGS United Kingdom Ltd.

I have read and understood the Training Course Terms & Conditions.*

*Signature: _____

Date: _____

DELEGATE 3

First name: _____

Surname: _____

Job title: _____

Tel: _____ Fax: _____

E-mail: _____

Course code: _____

Dates: _____ Location: _____