



20 Year system Application for Training.

Please complete the f	ollowing information;
Course Date: 1 st Choi	ce: 2 nd Choice:
Company Name:	
Name(s) of attendees	:
Company Address:	
Telephone Number:	Fax Number:
E-mail Address:	
Authorisation Signatur	re of Attendee Company:
Print Authorisation Na	me:
Position in Company:	
Previous GRP/Fibre Name of system:	eglass roofing experience?:
Local branch/depot normally dealt with:	
Preferred Location for training:	
Business Type:	Roofing Contractor
	Building Contractor
	Maintenance Contractor
	Other

Attendance on the course is confirmed ONLY by written confirmation on Scott Bader headed paper by the Training Administrator.

Cancellation: Should you need to cancel attendance of the course, written notification must be forwarded to Training Administrator at least 48 hours prior to course date, failure to do so will incur cancellation charge of £100 per person. Signature of this form concurs your agreement to this.

We reserve the right to cancel or postpone courses should any unforeseen circumstances occur.

Signed	PLEASE FAX TO: 01933 666533
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