



# 20 Year system Application for Training.

Please complete the following information;

Course Date: 1<sup>st</sup> Choice: ..... 2<sup>nd</sup> Choice: .....

Company Name: .....

Name(s) of attendees: .....

.....

Company Address: .....

..... Postcode: .....

Telephone Number: ..... Fax Number: ..... E-

mail Address: .....

Authorisation Signature of Attendee Company: .....

Print Authorisation Name: .....

Position in Company: .....

Previous GRP/Fibreglass roofing experience?:

Name of system:

Local branch/depot normally dealt with:

Preferred Location for training:

Business Type:

- Roofing Contractor
- Building Contractor
- Maintenance Contractor
- Other

**Full Payment is required with the return of the booking form.**

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**