



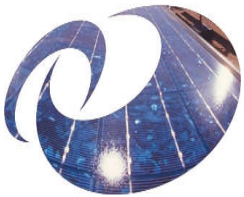
## IPSA<sup>+</sup> Training Course Application Form



Name of Course	Introductory IPSA <sup>+</sup> Training Course (3 Days)
Dates	



Company Name	
Company Address (for Invoice)	
Company Phone No.	
Purchase Order No	
Contact Person	



Name of Delegate	
Phone Number	
Mobile Number	
Email Address	
Dietary Requirements	



I am aware of the cancellation policy and that my company will be billed if the training course is cancelled within 2 weeks prior to the starting of the course. I hereby authorise the expenditure for this training course.

Name of Manager	
Dates	
Signature	

**Please return completed forms to:**  
Ella Ciesla  
TNEI Services Ltd  
2nd Floor Bainbridge House  
86 - 90 London Road  
Manchester, M1 2PW

**or email to**  
[elzbieta.ciesla@tnei.co.uk](mailto:elzbieta.ciesla@tnei.co.uk)