PLEASE COMPLETE ALL SECTIONS IN TYPE or BLOCK CAPITALS

Event Name Event Date(s) Event Cost		
PAYMENT is due before the start of the event unless you ha Please note: we will require EITHER payment in advance of th booking Please send me a secure payment link. We have an STC Credit Account. Our purchase order number is Denotes mandatory fields		
PERSON BOOKING EVENT (highlighted sections are mandatory)	*BILLING CONTACT	Tick if same as person booking event or complete below
*Name Position *Company *Address	Name Position Company Address	
*Postcode *Tel *Mobile *Email	Postcode Tel Mobile Email	
EVENT LOCATION		✓ At STC, (please tick)
Contact Company Address Tel Email	Postcode Mobile	
CANDIDATE DETAILS		
I would like to book Places (candidates names to follo Name 1		request)
2. By completing this booking form you agree to be bound by Skills Training Centre Ltd standard Terms and Co. 3. All delegates attending must bring their own Personal Protective Equipment and be competent to operate any 4. If the Customer terminates this Agreement between 21 days and 15 days before the commencement of the 5. If the Customer terminates this Agreement within 15 days before the commencement of event, or after the training to the commencement of event and the training to the commencement of event and the training to the commencement of event and the training training to the commencement of event and the training training training the commencement of event and the training	y machinery that will be used as part of the event, STC shall be entitled to make a can	e course/assessment, and have received Manual Handling Training. cellation charge equal to 40% of the full Agreement fee.
STC PO No. Sales Person:	Co-ordinator:	New Event on BO Required
$\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$	calculated cost = £	Handover required: YES/NO (please delete as necessary) TRAINER'S NAME: