



A NASSEA WORKSHOP FOR SCHOOLS AND CLASSROOM PRACTITIONERS FRIDAY 1ST MAY 2020

Organisation Name & Address (including post code):	
Telephone No:	
E-Mail Address (for confirmation):	
* Purchase Order No:	
* Purchase Order Date:	
* Invoice Name & Address (including post code):	
* E-Mail Address (for invoice):	

Workshop Name (please copy and paste the workshop title here)

PS: In case of multiple delegates attending multiple workshop(s) please consider using separate booking forms or after inserting the course title indicate with brackets () which delegate will attend which training.

Delegate Name	Delegate E-Mail Address (Please fill as this is an important requirement for the training related communication purposes)	Any Special Requirements

***PLEASE NOTE: NO BOOKING WILL BE TAKEN WITHOUT AN OFFICIAL PURCHASE ORDER NUMBER AND INVOICING DETAILS.**

Please send completed form to NASSEA c/o CLAS, Seedfield Site, Parkinson Street, Bury BL9 6NY
Tel: 0161 253 6422/6423, FAX 0161 253 6439, email: consultancy@nassea.org.uk