**CQRS / ES Seminar – BOOKING FORM**

**01527 557407**

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| **Practice Name** |  |
| **Address** |  |
| **Telephone Number** |  |

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| --- | --- | --- |
| **Location to attend:** |  | |
| **Attendee 1:** | **Name** | **Email Address** |
|  |  |
| **Attendee 2:** | **Name** | **Email Address** |
|  |  |
| **Attendee 3:** | **Name** | **Email Address** |
|  |  |
| **Attendee 4:** | **Name** | **Email Address** |
|  |  |
| **Any Dietary Requirements?** |  | |

Unfortunately we are unable to take online bookings at this present time.

Please complete this booking form and return to us either by email, fax or post with a cheque/BACS payment, please reference this to your surgery – either your postcode or ask for your unique account number.

Once payment has been received, places will be confirmed & you will receive a further email confirmation.

Once places are confirmed, cancellations/refunds will not be accepted. If you are unable to attend, an alternative delegate may be sent.

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| **Cheque - payable to ‘Insight Solutions IT Services Ltd’**  **Fiji House,5 The Courtyard, Harris Business Park, Hanbury Road, Bromsgrove, B60 4DJ** |
| **Bacs: Sort Code – 09-01-50 / Account No - 04557921** |
| **Fax - 0870 4602486** |