

SOS-HR LTD

TELEPHONE BOOKING FORM

Course Title:..... Date of Course:/...../.....

Venue:.....

Name of Delegate:..... Car Registration No:

Company Name & Address:.....
.....
.....

Contact phone number:.....

Contact email address:.....

Cost

Cost per delegate: £_____ inc VAT @ 17.5%

No. of delegates:

Any extras:

Total cost: £_____ inc VAT @ 17.5%

Payment Details

Card Type: Visa Mastercard Delta Maestro

Card Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Expiry Date: / Valid From: / Issue No.

Card Security Code:

Cardholder's Name:

Cardholder's Address:

Date processed:

Authorisation Code:

VAT registration no: 902 2374 59