



**ENVIRONMENTAL AGENCY**

37 Town Range, Gibraltar

Tel: 20070620 Fax:20074119 / E-mail : [admin@environmental-agency.gi](mailto:admin@environmental-agency.gi)

**C.I.E.H. ACCREDITED COURSES  
COURSE BOOKING FORM**

*It is important that you read the terms and conditions at the end of this form*

To confirm your booking send this completed form and payment to **ENVIRONMENTAL AGENCY LTD**, 37 Town Range, Gibraltar.

<b>Course title:</b> .....	<b>Date:</b> .....
<b>Delegate/s name/s: (continue overleaf if required)</b>	<b>Position in organization: (manager/chef/ waiter..etc)</b>
1. ....	.....
2. ....	.....
3. ....	.....
4. ....	.....

**NAME OF ORGANIZATION:**.....

**ADDRESS:**.....

**TEL No/s:**.....**MOBILE:/S:**.....

**CONTACT EMAIL ADDRESSES:**.....

**BOOKING CONDITIONS**

**FEES:** It is a condition that fees are payable in advance. Please send a cheque made payable to **Environmental Agency Ltd**, with your booking form. A receipt will be sent to you by return post.

**PROVISIONAL BOOKINGS:** These can be made by telephone, but will expire unless confirmed in writing within seven days.

**CANCELLATIONS:** In the event of course cancellation, all fees are refunded in full. The course/s may be cancelled by us should the required minimum numbers not be reached or due to other exceptional circumstances.

Once a confirmed booking has been made , delegate cancellation terms apply as follows: up to 14 days before course – course fee refund minus 25% administration charge; less than 14 days before course – no refund is payable. In any cancellation, if made two weeks or earlier before the course, the notification of the cancellation must be in writing and, in any event, a 25% administration charge will be made. Substitute delegates will be accepted at any time but prior notification of the change is recommended.

**YOUR BOOKING:**

**PAYMENT: (please call for price)** A cheque for £[ ] is enclosed/please invoice\*

Invoice to be made for the attention of:

I wish to book the above delegates on the course detailed above. I have read and accept the booking terms and conditions stated.

**Authorised signature**..... **Date** .....

**Name in full**..... **Job title** .....

***YOUR HEALTH AND WELFARE ON THE COURSE:***

***Does any delegate have a disability, health issue or barrier to learning that may affect their study on this course? Yes/No  
If yes please circle all that apply and place delegate/s number above corresponding to the delegate/s.:***

*Visual/Hearing impairment*

*Mobility disability*

*Learning difficulty*

*Language difficulty*

*Allergies or intolerances:*

*Dietary needs :*