

ICDE Booking Form



INTERNATIONAL COURSE & EVENT DELEGATE BOOKING FORM

Course Name _____

Course Date _____ Price of Course (per delegate) _____

Company Name _____

Address _____

_____ Postcode _____

Telephone Number _____ Mobile Number* _____

email address _____ @ _____

*we require a mobile number to enable contact during the travel times for international courses

Delegate Information:

Name (as shown on passport): _____

Date of Birth: _____ Nationality (as shown on passport): _____

Passport Number: _____

Contact Number (during travel times): _____

GDC Number: _____

Special Requirements (Dietary/Allergy Info): _____

Preferred Departure Airport (please tick):

Birmingham

Manchester

London Heathrow

Edinburgh

Payment Information:

Payment Method: Cheque Credit/Debit card (we cannot accept American Express)

Please call 0116 284 7886 to make a payment by Credit/Debit card.

Terms & Conditions:

Bookings are only considered confirmed when payment has been received. All bookings are on a first come first served basis. Confirmation will be sent to you, usually within 14 days.

Please Note: Cancellations 8 weeks before course - 75% refund, Cancellations 6 weeks before course - 50% refund
Cancellations 4 weeks before course - no refund

As part of our booking terms and conditions you are agreeing to abide by the Health and Safety regulations within our premises.

Authorised Signature of Delegate: _____

International Centre for Dental Education

www.dental-education.co.uk

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