

ICDE Booking Form



NATIONAL 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/s Information:

| Name: | GDC Number: | Special Requirements Dietary/Allergy Info |
|-------|-------------|--|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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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