**SLT TRAINING BOOKING REQUEST**

To book, please complete and return by email ([office@wmspeechtherapy.co.uk](mailto:office@wmspeechtherapy.co.uk)) or send to the above address. Your booking will be confirmed via email on receipt of completed booking form.

**BOOKING DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Course Name**: | Word Aware  9.15am - 3.30pm | **Course Date:** | Wednesday 12th June 2019 |

**PLEASE SELECT OPTION:**

|  |  |
| --- | --- |
| 1 delegate – Training Day only @ £250 |  |
| 2 delegates (from one setting) – Training Day only @ £350 |  |
| 1 delegate – Training Day plus follow up session @ £400 |  |
| 2 delegates (from one setting) - Training Day plus follow up session @ £500 |  |

**DELEGATE 1 DETAILS**

|  |  |
| --- | --- |
| Name(s): |  |
| School: |  |
| Role(s): |  |
| Address: |  |
| Email: |  |
| Telephone: |  |
| Employer Authority: |  |

|  |  |
| --- | --- |
| Dietary Requirements: |  |
| Special Access requirements: |  |

**DELEGATE 2 DETAILS**

|  |  |
| --- | --- |
| Name(s): |  |
| School: |  |
| Role(s): |  |
| Address: |  |
| Email: |  |
| Telephone: |  |
| Employer Authority: |  |

|  |  |
| --- | --- |
| Dietary Requirements: |  |
| Special Access requirements: |  |

Signature(s) of delegate(s): Date: