**SLT TRAINING BOOKING REQUEST**

To book, please complete and return by email or send to the above address. Your booking will be confirmed via email on receipt of completed booking form.

**BOOKING DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Course Name:** | Primary Talk One Day Workshop 9.30-3.30pm | | |
| **Course Date**: | **Wednesday 12th June**  or  **Wednesday 18th September**  (delete as appropriate) | **Course Fee** | £ n/a |

**DELEGATE DETAILS**

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

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

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