Training Booking Form

TREASURY, RISK AND FINANCE PROFESSIONALS

ACT

PLEASE COPY AND COMPLETE THIS FORM FOR EACH PARTICIPANT
PLEASE PRINT CLEARLY IN BLACK INK

Course Name:

Date: **Cost:** **ACT Member / Non-member** (delete as appropriate)

Course Name:

Date: **Cost:** **ACT Member / Non-member** (delete as appropriate)

Course Name:

Date: **Cost:** **ACT Member / Non-member** (delete as appropriate)

Participant details

Title: Mr/Ms/Mrs/Miss: **First Name:** **Last Name:**

Company Name: **Job Title:**

Department: **Company Address:**

Postcode/Zip: **Country:**

Telephone Number: **Fax Number:**

Email Address:

Special Requirements: (dietary / hearing loop etc)

If booking person's details are different to the above, please detail below:

Payment details (Payment must be settled within 21 days or in advance of the training course, whichever is the sooner)

☐ **Payment will be made through the online payment site: https://secure.treasurers.org/makepayment**

☐ **Payment will be made by BACS to ACT (Administration) Ltd. National Westminster Bank:**
Sort code: 60-00-01. Account number: 01053760. IBAN: GB 94 NWBK 600001 01053760. Swift code: NWBKGB2L

☐ **I enclose a cheque for £ ..... made payable to ACT (Administration) Ltd**

☐ **Please invoice me/my company**

☐ **Please charge £ ..... to my American Express / Visa / Mastercard / Maestro card:**

Account Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐

Expiry date: ☐☐ ☐☐ **For Maestro cards only: Issue Number:** ☐☐ **Valid from:** ☐☐ ☐☐

Please do not submit credit card details via email

Signature: **Date:**

If cardholder name and address are different from above participant details, please detail below:

I confirm that I have the authority of my company to incur this expenditure. I understand that invoices must be settled within 21 days or in advance of attendance of the training course, whichever is the sooner. I further understand that participants will be held responsible for payment of invoices.

Signature: **Name:** **Date:**

The participant's details will be held on the ACT's database and, where relevant, passed to the course provider (if not the ACT) for purposes of processing the booking and the administration of the course.

TERMS AND CONDITIONS: By submitting this booking you undertake to have read and accepted the ACT's terms and conditions (see p27).

DATA PROTECTION: The information you provide will be safeguarded by the ACT and only passed to the relevant course provider in order that it can process the booking. A participants' list will be produced for each training course with details restricted to name, job title and company. This list will be shared with the trainers and other course participants but will not be disclosed to any other third party.

The ACT will retain your details on its database in order to keep you informed of other relevant products and services. If you do not want to receive this information, please tick here ☐.

Bookings and Enquiries
Maggi McDonnell
Training Manager
ACT
51 Moorgate
London EC2R 6BH, UK

Tel: +44 (0)20 7847 2559
Fax: +44 (0)20 7374 8744
Email: mmcdonnell@treasurers.org
Web: www.treasurers.org/training