

Training Booking Form

TREASURY, RISK
AND FINANCE
PROFESSIONALS

ACT

PLEASE COPY AND COMPLETE THIS FORM AND FAX, POST OR EMAIL TO THE ACT ADDRESS BELOW 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, cultural, religious) _____

If booking person's details are different from the above, please add details 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: NWNWBKGB2L Please quote invoice number

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

Please do not submit credit
card details via email

Account number:

Expiry date: / For Maestro cards only, issue number: Valid from: /

Signature: _____ Date: _____

If cardholder name and address are different from above participant details, kindly 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.

Name: _____ Signature: _____ 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 page 31).

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 to reach 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

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