

CPD REGISTRATION FORM

PLEASE RETURN TO : TRACEY BULL, BPP, 19 HILARY STREET, ST HELIER, JERSEY JE2 4SX OR FAX 711801

Title : Mr/Mrs/Miss/Ms etc _____

First name and initials _____

Surname _____

Home Address

Post Code _____ Daytime tel _____

E Mail address _____

Name and Address of Company to be invoiced

Authorisation

Signature _____

Authorising Manager's Job Title _____

Print Name _____

Daytime Tel _____

Authorising Managers E Mail

Sessions Required		
SESSION NAME	SESSION DATE	COURSE FEE (cheques made out to BPP (CI) Limited—£75.00 excluding GST)
		Total £

Please make cheques payable to - 'BPP (CI) Limited' Cardholder's Name _____

GRAND TOTAL £ _____ Cardholder's Address (if different from above)

Please tick as appropriate:-

Cheque enclosed Switch

Mastercard Visa Cardholder's Signature _____

Valid from _____ Expires end _____ Issue No. _____ CV2 No. (last 3 digits on sign. Strip) _____

Office Use:-
 Reg No.
 Invoice:
 Chq Banked

Please Note:-

We cannot offer refunds for cancellations made after 14 days before the date of the session you are attending. You can however nominate someone to take your place.