



*Healthforce Ltd*  
*OHS House, 42 Gleann Alainn, Tullyallen, Drogheda*  
*Tel/fax 0419803665*

**COURSE BOOKING FORM**

NAME : .....

COMPANY NAME: .....

COMPANY CONTACT: .....

ADDRESS: .....

TEL: ..... FAX: .....

E MAIL: .....

**COURSE(S) APPLIED FOR**

FULL PAYMENT MUST BE SENT WITH BOOKING FORM TO SECURE COURSE PLACE

<p>CANCELLATION POLICY:</p> <p>Full refund given for cancellations within 20 days of course start date. 30% refund given for cancellations within 10 days of course start date. No refund given thereafter</p>
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Signature: ..... Date: .....

<b>FOR HEALTHFORCE USE ONLY:</b>		
Employee(s)/Co. details received	YES	NO
Payment in full received	YES	NO
Signed: ..... Print name: .....		