CARDIFF UNIVERSITY
Continuing Education Training Programme
Course Application

NAME OF COURSE:...
COURSE DATE(S):……………………………………………………………………………

DR/MR/MRS/MS	Forename(s)	Surname
Profession…………………………………………………………………………………… **Designation**……………………………………………………………………………….		
Work Address		
Postcode	**E-Mail***	**Telephone/Mobile**
Home Address ………………………………………………………………………...... ……………………………………………………………………………………………….		
Postcode	**E-Mail***	**Telephone/Mobile**
Please choose one of the following Payment options		
a) I enclose a cheque for £ ………… payable to Cardiff University **OR**		
b) Please invoice (Name and address) …………………………………………………………………………………… ……………………………………………………………….For £…………………		
Signed: ……………………………………Designation …………………………….. Name ……………………………………...Date……………………………………		

- **Places on the course are limited, so please book early to ensure your place.**
- **Your booking will be confirmed on receipt of your application**
- **Please indicate if you would prefer your correspondence to be emailed to you. *Yes……………………………NO…………………………………………….**
- **State any needs i.e. - Hotel Info/ Dietary / Vegetarian / Other/ Disability?**
- **……………………………………………………………………………………….**

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