|  |  |
| --- | --- |
| Logo, company name  Description automatically generated | 14 Meridian Way, Meridian Business Park, Norwich, Norfolk. NR7 0TA  Tel: 01603 404440  Fax: 01603 404433  Email: [nda@hearfornorfolk.org.uk](mailto:nda@hearfornorfolk.org.uk) Web: www.hearfornorfolk.org.uk |

**Booking Form – Hearing Loss Awareness Training**

|  |  |  |  |
| --- | --- | --- | --- |
| **Delegates Names** |  | | |
| **Company/**  **Organisation** |  | | |
| **Address** |  | | |
| **Tel:** |  | | |
| **Email:** |  | | |
| **Invoice Address**  **(if not as above)** |  | | |
| **Tel:** |  | | |
| **Email:** |  | | |
| **Course Date** |  | | |
| **Venue** | 14 Meridian Way, Meridian Business Park,  Norwich, Norfolk. NR7 0TA | | **Places cost**  **£25 per person** |
| **Arrival Time** | a) 9:45am for 10am start  b) 1:45pm for 2pm start | **Finish Time** | a) 1:00pm  b) 5:00pm |
| **Refreshments** | Tea and coffee provided on arrival | | |
| **Please detail any Special**  **Requirements**  **e.g. Access**  **or Hearing Loop** |  | | |

Signed …......................................

Name …....................................... Date of Booking:

***Cancellation Terms*:** We may charge a full cancellation fee if a place is cancelled with less than one weeks notice. Circumstances and re-booking will be considered for exemption.

***Please note*.** Our courses have a minimum requirement for number of delegates attending and we reserve the right to contact you up to one week before the course date to inform you if the course is unable to go ahead. You will be offered an alternative date if this should happen.