



CareFusion
 The Crescent
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Spirometry Training Course
Application Form

Venue Date

Name
 Organisation
 Position
 RCN Number

Invoice Address
 Town/City
 County
 Postcode

Telephone
 Fax
 E-Mail

Please outline your current role at the work place and your use of spirometry:

.....

Credit Card Payments (Mastercard/Visa/Eurocard/Access)

Card holder name.....
 Card holder address (including postcode).....

 Card type.....
 Card number.....
 Security Number (3 digits from the reverse of card)
 Start Date Expiry date.....

- Payments can be made by cheque, credit card or Official order number to **CareFusion**
- Payments/official order number must be received with the application form, at least one month prior to course date to confirm the booking.
- **Please send all correspondence to Richard Earwicker, CareFusion, The Crescent, Jays Close, Basingstoke, Hampshire RG22 4BS.**
- Provisional bookings are only held until one month prior to course date.
- £195.00 + 17.5% VAT. Total cost is £229.13 per delegate.
- Cancellations not given more than 10 working days prior to the course date a £35.00 administration fee will be charged.
- Cancellations not given more than 5 working days prior to the course date will be charged at full rate.
- Refunds will not be given for non-attendance but delegates may transfer to one other course.
- We reserve the right to cancel courses if under subscribed.
- Please sign and date to say you have read and understood the points above

Signature.....Date.....