



COURSE BOOKING FORM

(Please Return this form to the address quoted below. Alternatively, fax it to 0414347336, or via email to admin@exquisitesolution.com

Organisation Details

Organisation name.....Address.....
.....Postcode.....
Telephone number.....
Total Number of Employees registering.....

Sector:

- Associates and Professional bodies
- Building and Construction
- Financial Services
- Hotel and Hospitality
- Computing & IT
- Manufacturing
- Education and Training
- Retail
- Other

Delegate Details

Delegate 1 Title (Mr., Mrs., Miss, Ms, Dr).....Job Title.....
Full Names:e-mail address:.....
Course Title.....Chosen Dates:Price.....

Delegate 2 Title (Mr., Mrs., Miss, Dr).....Job Title.....
Full Names:e-mail address:.....
Course Title.....Chosen Dates:Price.....

Delegate 3 Title (Mr., Mrs., Miss, Dr).....Job Title.....
Full Names:e-mail address:.....
Course Title.....Chosen Dates:Price.....

Invoicing Details

Title (Mr., Mrs., Miss, Dr).....Job Title.....
Forename(s).....Surname.....
Direct Telephone Number.....e-mail address.....
Address (if different from the above).....
.....Postcode.....

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