Reading CAB Training Programme - Booking Form

Please return this form to:

Training Manager,
READING CAB,
Minster Street,
Reading, RG1 2JB

Or email to: training.manager@readingcab.org.uk

Please indicate whether your organisation is voluntary, statutory or commercial: …….

Course	Delegate name	Joining Instructions	Invoice Instructions if different
		Address **Tel** **email**	**Name** **Address** **Tel** **email**
		Address **Tel** **email**	**Name** **Address** **Tel** **email**

Course	Delegate name	Joining Instructions	Invoice Instructions if different
		Address **Tel** **email**	**Name** **Address** **Tel** **email**
		Address **Tel** **email**	**Name** **Address** **Tel** **email**
		Address **Tel** **email**	**Name** **Address** **Tel** **email**

Please copy additional sections if needed