



## IRM Training Course Booking Information

Course Name:

Course Date:

<b>Registration contact (booker, if different from the delegate)</b>
Name:
Job Title:
Email Address:
Company:
Company Address:
Contact Number
Payment Method:
PO Number:
How did you hear about the course:
<b>Delegate (person who is attending the course)</b>
Name:
Job Title:
Email Address:
Company:
Company Address:
Contact Number
Payment Method:
PO Number:
How did you hear about the course:
IRM Membership:
IRM Membership Number:
<p><b>GDPR   Terms &amp; Conditions</b></p> <p>By booking on to this course, you are agreeing to receive additional course-specific correspondence from the training team as well as agreeing to our terms of service, please tick here.</p> <p>You can find our terms &amp; conditions <a href="#">here</a> and our privacy policy <a href="#">here</a></p> <p><b>Additional contact permission</b></p> <p>From time to time, we would like to send you information about other training courses that we run, which we think might be useful for your CPD.</p> <p>Please let us know if you would like to receive this information:</p> <p>YES                      NO</p>