##

## **Trustee Training registration form**

To register, please complete this form and return to either: -

**Address: Quantum Advisory, Cypress House, Pascal Close, St Mellons, Cardiff CF3 0LW**

**Email:**  eleni.dowsell@quantumadvisory.co.uk

Date of trustee training course: **27th June 2019** Number of delegates: ...............................

### Delegate details:-

### Delegate 1

Title (Mr/Mrs/Ms/Miss)...................................... Name...............................................................................................

Position................................................................ Company.........................................................................................

Address...........................................................................................................................................................................

............................................................................................... Postcode........................................................................

Telephone.................................................................. Email……....................................................................................

Please specify any dietary requirements? ...........................................................................................................

### Delegate 2

Title (Mr/Mrs/Ms/Miss)...................................... Name...............................................................................................

Position................................................................ Company.........................................................................................

Address (if different from above) ..................................................................................................................................

............................................................................................... Postcode........................................................................

Telephone.................................................................. Email……....................................................................................

Please specify any dietary requirements? ...........................................................................................................

***Please include any further delegates on a separate sheet and send with this form***

### Terms and conditions

1. The fee is £400 plus VAT per delegate. If you register three or more delegates on the same course you will receive a 10% discount. Invoices are payable upon receipt.
2. The fee covers attendance at the course, provision of course materials and refreshments during the day.
3. We reserve the right to cancel any of the courses due to circumstances beyond our control. Where cancellation is necessary, we will, where possible, give delegate at least five working days’ notice.
4. Where a decision is made by us to cancel a course, delegates will be offered the choice of attending a course at a later date, or receiving a full refund.
5. Cancellations must be received in writing. The full fee is refundable where cancellations are made ten working days or more before the course date. However, if a cancellation is made less than ten working days before the course, no refund will be issued.
6. If a delegate wishes to transfer to a course on a different date, written notification must be received at least ten working days before the course date.

### Payment method

❑ Please send me an invoice for £........................ to the above address.

❑ (Quantum clients only) Please add £................. to my next invoice.

**Declaration: I have read and agree to the terms and conditions of registration.**

Signed................................................................................................ Date..................................................................