



COURSE BOOKING FORM

To book your place please mail or fax the booking form below to

Autism NI
Training Centre
Donard
Knockbracken Healthcare Park
Saintfield Road
Belfast BT8 8BH

Tick appropriate box please

Parent/Carer / Autism NI Member / Professional

T: 028 90 401729 Ext 1

F: 028 90 403467

E: christine@autismni.org

W: www.autismni.org/training

Course Title _____

Job Title _____

Name _____

Full Address _____

Tel _____

E-Mail _____

Please invoice _____

(Full invoice address) _____

Special Requirements _____

Please ensure that you have completed all the sections of the form relevant to your organisation and return it to the above address:

Please note when bookings are made the following cancellation fees apply;

1 Month No fee

1 Month—2weeks 50%

Within 2 weeks Full cost

Substitutions can be made at any time up to 1 week before commencement date providing all new details are forwarded to Autism NI Training Team.

All cheques should be made payable to: Autism NI