

## COURSE BOOKING FORM

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

Autism NI (PAPA)  
Training Centre  
DONARD  
Knockbracken Healthcare Park  
Saintfield Road  
Belfast BT8 8BH

Tel 028 90 401729

Fax 028 90 403467

Course Title \_\_\_\_\_

Name \_\_\_\_\_

Job Title \_\_\_\_\_

Address \_\_\_\_\_  
Full Postal Address \_\_\_\_\_

Tel \_\_\_\_\_

E-Mail \_\_\_\_\_

I enclose payment of \_\_\_\_\_

Please invoice \_\_\_\_\_  
Full invoice address \_\_\_\_\_

Special Requirements \_\_\_\_\_

**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 (PAPA) Training Team.**

**All cheques should be made payable to ACT (Autism Consultancy Training)**