

## COURSE ORDER FORM

*Please complete all applicable information below*

**1. FULL NAME** \_\_\_\_\_

*Please write your name in the same way as it appears on your Booking Form and underline your surname/family name*

**TITLE** \_\_\_\_\_ **GRADE/SPECIALTY** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

\_\_\_\_\_ **POST CODE** \_\_\_\_\_

**E-MAIL ADDRESS** \_\_\_\_\_ **TELEPHONE NUMBER** \_\_\_\_\_

*Course materials will be sent to you via post upon receipt of payment, it is therefore essential that you provide the contact details requested above to ensure safe delivery.*

**2. COURSE TITLE:** \_\_\_\_\_

**DATE OF ATTENDANCE** \_\_\_\_\_ **DURATION** \_\_\_\_\_

**LOCATION** \_\_\_\_\_

### 3. PAYMENT DETAILS

I enclose payment of £\_\_\_\_\_ with this form – Please make cheques payable to ‘Developmedica’ (*see website for course fees and dates*)

My sponsoring institution will be paying my course fee directly to Developmedica (*please include cheque*)

My sponsoring institution will require an invoice before a payment can be made

### 4. PAYEE INSTITUTION DETAILS

**INSTITUTION** (*e.g. Deanery, General Practice, Healthy Authority*) \_\_\_\_\_

**CONTACT NAME** \_\_\_\_\_

*Please provide the full name of the payee to which the invoice should be sent*

**ADDRESS** \_\_\_\_\_

\_\_\_\_\_ **POST CODE** \_\_\_\_\_

**E-MAIL ADDRESS** \_\_\_\_\_ **TELEPHONE NUMBER** \_\_\_\_\_

*An invoice will be sent to your sponsor via email or post (if requested) to the sponsor listed above. It is therefore essential that you provide the contact details requested above to ensure safe delivery and correctly book onto your course.*

## 5. DEVELOPMEDICA CONTACT DETAILS

Developmedica  
Course Booking  
Castle Court  
Duke Street  
Nottingham  
Nottinghamshire  
NG7 7JN

**CONTACT NUMBER:** 0845 8380 571 / 0115 7200 025

**WEBSITE:** [www.developmedica.com](http://www.developmedica.com)

**EMAIL:** [info@developmedica.com](mailto:info@developmedica.com)

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## 6. TERMS AND CONDITIONS

For cancellations made by delegates for training courses more than four weeks prior to the start date we will refund 100% of fees received from delegates less a refund administration fee of £50 per course. For cancellations made by delegates for training courses made less than four weeks, but more than two weeks before the start date of a course - we will refund 50% of the course fees less a refund administration fee of £50 per course. For cancellations made by clients less than two weeks before the start date of the course no refund of fees will be made.

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**Attendee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Payee Signature\*:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\*I confirm that I am authorised to make this payment on behalf of \_\_\_\_\_ (*sponsoring institution*)

**Please post back to:**  
Developmedica  
Castle Court  
Duke Street  
New Basford  
Nottingham  
NG7 7JN

**Or fax to:** 0870 8031 430

**Or email to:** [info@developmedica.com](mailto:info@developmedica.com)