

## Better lung health for all







## **BOOKING FORM**

JOB TITLE		
PLACE OF WORK		
SALUTATION / TITLE		BTS Member? Yes No
NAME		
ADDRESS (for all corresponde	ence)	
		POST CODE
DAY TEL	EMAIL	
<b>Payments Details</b> We cannot accept Amex, Dine	ers Club or Visa Corporate Payment Cards (card nu	mbers beginning 4715, 4484 or 4917
Please debit my MasterC	ard, Visa, Euro card, Maestro or Solo number (delet	te as necessary) for £
Card number		
		POST CODE
l require an invoice	Purchase order	<b>r number</b> (We cannot process this booking without a copy of the purchase order form)
NB. We are unable to raise inv	oices addressed to an individual.	
Name and full contact details	in the Finance Department (i.e. where invoice shou	uld be sent and queries can be addressed)
	TELEPHONE	
I have read and accent t	he bookings conditions and privacy policy as set out	on the website and the cancellation policy below
	the sookings conditions and privacy poincy as set out	on the website and the cancellation policy below.
If cancellations are receive However, if we are able to f If you have to cancel the co	e will apply to all cancellations once the booking has ad less than 6 weeks prior to the course we cannot u fill your place from a waiting list a 25% cancellation ourse booking due to circumstances beyond your co o mitigate your potential loss.	usually refund the fee at all. charge will still apply.
Signature		
To Book		

Please send this form, which must be signed Email: bookings@brit-thoracic.org.uk