

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	
Please indicate any special red	quirements e.g. dietary, wheelchair access, hearing a	aids, allergies, etc.
Payments Details We cannot accept Amex, Dine	ers Club or Visa Corporate Payment Cards (card num	nbers beginning 4715, 4484 or 4917
Please debit my MasterCard,	Visa, Euro card, Maestro or Solo number (delete as r	necessary) for £
Card number		
		POST CODE
I require an invoice	Purchase order ı	number (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 should	d be sent and queries can be addressed)
	TELEPHONE	
I have read and accept the	he bookings conditions and privacy policy as set out o	on the website and the cancellation policy below.
Cancellation Policy		
 If cancellations are receive However, if we are able to f If you have to cancel the co 	will apply to all cancellations once the booking has b d less than 6 weeks prior to the course we cannot us ill your place from a waiting list a 25% cancellation cl ourse booking due to circumstances beyond your co o mitigate your potential loss.	sually refund the fee at all. harge will still apply.
Signature		
To Book		

Please send this form, which must be signed if payment is by credit card to: Email: bookings@brit-thoracic.org.uk