

TRAINING BOOKING FORM

Contact name

Position

Organisation

CPAG membership number *(if applicable)*

Address

Telephone Fax

Email

Tick if you would like to be contacted with news and further information about training and special offers.

I wish to book the following courses

Names of participants	Course(s)	£	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you would like any of these, please tell us

- Large print needed
 Braille pack needed
 Other needs
(please call us)
- Wheelchair user
 Will be bringing a facilitator
- I enclose a cheque for £ made payable to 'Child Poverty Action Group'
- I would like to claim the 5% discount for members
- Please invoice my organisation *(give details of who should be invoiced if different from above)*

Please phone us on **020 7812 5202/236** if you have any disability needs, or any other requests.

Please return booking form to:
 Child Poverty Action Group, 30 Micawber Street, London, N1 7BT

