

# Training Programme Booking Form (to be completed by the person attending the training course)

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Organisation: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

IMA Membership Number: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

Location: \_\_\_\_\_

## Authorisation

All bookings must be authorised by you line manager, where applicable.

Managers Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## Continuing Professional Development Record

If you would like to claim CPD hours through attending this course please tick this box. (CPD Charges: IMA Member £25.00, Non Member £35.00)

## Payment

Cheque: I enclose a cheque for £75/£140 (plus CPD Charges if required)  
Cheques should be made payable to: **Institute of Money Advisers**

Invoice: please invoice for £85/£150 (plus CPD Charges if required)

Invoice details/address (if different):

Address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Purchase Order No.: \_\_\_\_\_

## Data Protection Act 1998

The IMA may use this data to inform you of its services which we believe will be relevant to you. Please tick the box below if you do not wish to be contacted for this purpose. We will not pass your details on to third parties and it will be stored in line with the Data Protection Act 1998.

## Terms and Conditions

I confirm that I have read and agree to the IMA training terms and conditions.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please return this completed form to the following – Post: **IMA Training, Stringer House, 34 Lupton Street, Leeds LS10 2QW** Fax: **0845 094 2175**