



School of Thermography

Course Application Form

Please complete this form using block capitals.

Delegate Name: _____

Company Name: _____

Correspondence Address: _____

Tel: _____ Fax: _____ Email: _____

Course Title: **IRT PCN Level 1** Course Code: _____

Course Dates: _____ Course Venue: _____

Payment Details

Invoice/ Receipt Address (if different from above): _____

I enclose a cheque for £ _____ (inc. VAT) payable to iRed Ltd.

Please send invoice and use Purchase Order Number: _____

I have arranged a bank transfer to iRed Ltd. Sort Code: 60-10-20 Acc: 89500776

What make and model of camera are you bringing on the course? _____

Any special dietary / disability requirements or other information you think we may need? _____

In making this application, the person or company responsible for authorising payment of fees, confirms acceptance of the terms and conditions applicable to this course and accepts, that as a registered company under the Data Protection Act 1998, iRed Ltd may keep details of delegates within the scope provided for.

Signature : _____ Position: _____ Date: _____

Please return this form to:
The Course Director, iRed School of Thermography, Unit 7, The Old Flour Mill, Queen Street, Emsworth Hants PO10 7BT