

HUMAN HEALTH

ENVIRONMENTAL HEALTH

PERKINELMER TRAINING COURSE BOOKING FORM 2012

Participant Information

Course Title and Code: _____

Date(s) of Course: _____

Approximate Date of Purchase: _____

Company Name: _____

Department: _____

Address: _____

Postcode: _____

Phone and Fax: _____

Email: _____

Contact Person: _____

Instrument Model: _____ N° Serie: _____ PC/SW Used: _____

Data for the Invoice

*Purchase Order Number for Training: _____

Invoice Address (If different from above): _____

Postcode: _____

Correspondence Contact (only if different from the invoice address):

Email: _____

Date: _____ Signature: _____

*Registration is not complete without the Purchase Order Number.

Please complete page 2

Name(s) of Participant(s):

1. _____ Email: _____
2. _____ Email: _____
3. _____ Email: _____
4. _____ Email: _____

I would like to receive information on future courses.
 I would like to receive information about local hotels.
 Dietary requirements (please supply details):
 Non Vegetarian Vegetarian: Fish Vegan
 Allergy: _____

Please do not plan to attend a course without written confirmation of a place.
PerkinElmer may cancel a course with low enrolment, in which case 2 weeks' notice will be given.

Please complete this form and email to: lasuktraining@perkinelmer.com or fax it to **01494 877042**