



## Training Booking Form

Name:

Title:

Organization:

Mailing Address:

Phone:		Fax:		e-mail:	
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Course Name Applying For:

Current job responsibilities / role:

What are your expectations from this course?

Special Requirements (e.g.: diet, access...etc)

**Please complete this box, if applicable**

Supervisor's Name	
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Position	
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Supervisor's Signature	
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Date	
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**PAYMENT Options:**

Cheque/Bank Draft/ Pay Order

No. \_\_\_\_\_ dated \_\_\_\_\_

For \_\_\_\_\_ enclosed

*Alternatively pay directly through bank transfer.  
Please contact for our bank details.*

Applicant's Signature

Date

Cheques/ bank-drafts/ payorders should be made in favor of the TDH VISIONS, UK.

**Note:**

1. If for any reason organizations want to send someone else in place of the nominee they are welcome to do so.
2. Please send this application form with registration fee to TDH Visions for attention of the Environmental Consultant at: [trainings@tdhvisions.com](mailto:trainings@tdhvisions.com)