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| **Delegate Details** | **Title**  | **Forename(s)**  | **Surname** |
| **Delegate name** |  |  |  |
| **Address of School / Organisation** |  |
| **Postcode** |  |
| **Telephone number** |  |
| **Emergency mobile no.**(important in case of difficulties.) |  |
| **Email address\*** |  |
| **\*IMPORTANT: please ensure that the named delegate has unrestricted access to the email address you provide, as confirmation for all courses will be sent to this email address.** |
| Do you have any specific dietary or disability requirements? | Yes **☐** | No **☐** |
| If ‘Yes’, state your specific dietary or disability requirements (e.g.: vegetarian / wheelchair user): |
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| **Course Fees** | **Course cost** | **Places rqd** | **TOTAL £** |
| **Accredited Level 2 CPD** **Award**: Dyslexia Awareness, Dyslexia Screening and Practical Solutions in the Classroom**.( 3 dates Friday 12th Jan 2018, Friday 19th Jan 2018, Friday 26th Jan 2018 10.00-4.00) Venue: Preston** | £650 |  |  |
| Additional Level 2 CPD Following Unit: Practical Solutions For Dyslexia – **Interventions and Programmes for 1:1 Support (Friday 2nd Feb 2018 10.00-4.00) Venue: Preston** | £220 |  |  |
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**Method of Payment**

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| Cheque (please make payable to the Dyslexia Centre North West) | **☐** | Card  | **☐** | Invoice | **☐** |
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|   |  | **Total amount to be paid:**  | **£**  |
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| **Invoice email address (please note we operate paperless billing):**  |

Please note that payment is due within 30 days of the invoice date and must be paid 14 days prior to the delegate attending the training event.

**If payment is not received then we reserve the right to cancel your booking.**

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| **\*Credit / Debit Card Payments – Please add administration fee of £2.50**  |
| Please debit my account for the amount (including admin fee) of: | **£**  |
| Card type:  | Visa **☐** | Mastercard **☐** |  **☐**Maestro Switch/  | Delta **☐** |
| Please provide card number & details:

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 For Maestro cards insert the whole of the long number which appears across the middle of the card  |
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| Valid From Date  |  |  | Valid To Date  |  |  | Switch / Maestro Issue No.  |  | Switch / Maestro Start Date |

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| Name as it appears on the card:  |  |
|  |
| Cardholder’s signature:  |  | Date: |  |

**Data Protection**

The information you provide here will be used by the Dyslexia Centre North West to process your place on the courses you have requested. From time to time we would like to send you further information about our services, offers and activities. If you would prefer NOT to receive this information please tick here: **☐**

**All courses are subject to our terms and conditions which can be found on our website. Please tick here to accept The Dyslexia Centre’s Terms and Conditions.☐**