

## Delegates details

Membership number

Title (eg Mr)

Full name

Job title

Email

## Contact details

Organization

Address

Postcode

Tel

Fax

Website

Name (if different from above)

Email (if different from above)

## Course details

Course name	Dates	Cost(£)	VAT
1			
2			
3			
4			

## Payment details

Please tick as appropriate  Credit card  Cheque  BACS  Invoice

Please charge my card (incl. VAT) £  Cheque enclosed for £  made payable to the Chartered Quality Institute

Card number

Type of card  Expiry date  Security number\*  Issue number (if applicable)

(\* For AMEX this is the four-digit number on the top right-hand corner on the front of the card. For all other cards this is the last three digits on the reverse of the card on the signature strip. Please note that we are unable to process credit card payments if the security number has not been included.

Cardholder name (as shown on card)

Organization

Address for invoice/card details (if different from contact details)

Postcode

Signature

Date

**Returning this form**

Please return this form to: CQI Training, The Chartered Quality Institute,  
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T: +44 (0)20 7245 0299 E: training@thecqi.org www.thecqi.org