

*A Social Enterprise Delivering a Competent and Confident Workforce for the Future*

## Childhood Immunisation Training Day for Registered Nurses

Booking Form for course dates: 29<sup>th</sup> November 2011

Cost: £160/delegate

You can book your place by telephone on: 0789 4541158

or by email: [info@healtheducatorsnetwork.org](mailto:info@healtheducatorsnetwork.org)

Organisation (if applicable)	Delegate name	Email Address	Telephone number

### Payment details

Places are only secured after full payment has been received by HEN Ltd

Please make cheques payable to: Health Educators Network Limited

Or by EFT Bank Transfer -BACS

Account Name: **Health Educators Network Limited**

Banker: **The Co-operative Bank**

Sort Code: **08-92-99**

Account Number: **65379051**

Alternatively, if you would your organisation to be invoiced please complete the following:

Purchase order number .....

Please invoice my organisation £

**Name of Contact** (Print).....**Signature**.....

Organisation address (For private candidates, give home address)
Full address
Telephone number:
Email address:

**Please return by post with the signed cancellation policy to:** Diana Moss, Hawthorn Cottage, 32 Alfreton Road, Underwood, Nottinghamshire NG16 5GB

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## Cancellation Policy and Non - Attendance:

We regret that we have to make a charge for cancelled registrations or for not turning up on the day. If you notify us of the cancellation of your reserved place giving six weeks or more prior notice to the event, 25% of the fee will be retained. From six to 3 weeks prior to the event, 50% will be retained. If between three and one week's notice is given of the cancellation for your reserved place for an event, 75% will be retained. There is no refund for non-attendance or cancellations made less than one week (7 days) prior to the event, whereupon the full fee will remain payable. The Health Educators Network reserves the right to cancel meetings and to return the registration fee. The Health Educators network cannot be responsible for any losses resulting from such cancellation, however caused.

I confirm that I have read and understood the above policy, and wish to reserve a place on the Childhood Immunisation Health Day for registered nurses.

**Signed:**

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