



MIGRATORS
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MIGRATORS CONSULTING

Training Workshop Booking Form

Please complete all parts of the form and return it with payment and details of your organisation.
 You will need to duplicate this form and complete a separate form for every workshop required.

Contact Details

Name	Job Title	Telephone Number

Title of workshop _____

Preferred date of workshop _____ Preferred venue _____

1st Alternative date _____ 2nd Alternative date _____

No of participants _____ Cost (first 5 places) **£300**

No of extra participants at £60 _____ Total cost _____

Participant Details

Name	Job Title	E-mail Address

If more than 5 participants wish to attend, please provide their Names, Job Titles and E-mail addresses on a separate sheet.

Business name _____

Business address _____

Telephone number _____ Fax number _____

Brief description of business _____

Number of employees _____ Number of years trading _____

Turnover last year _____ Website address _____

Declaration I authorise Migrators to provide the above training workshop.
 I have read and understood the terms and conditions relating to the training workshop.

Signature	Job Title	Date

Please send the completed form and payment (in favour of Migrators) at least 10 working days before the first date, to:

Migrators Workshops
PO Box 34
Somerton
TA11 7QY

If you do not wish to be added to the Migrators mailing list, for news and information by email, please tick this box.

Migrators services include:
 Change Management, e-Commerce, Project Management, Communications,
 Relationship Management, Business Culture, Training, Business Research

