

British Pest Control TRAINING



EXAM BOOKING FORM

Exam Title:	Exam Date:
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Company Name:	
Address:	Invoice Address (if different):
Postcode:	Postcode
Telephone:	Fax:
Contact Name:	Contact Email:

Delegate Name:	Mobile Number:	Date of Birth:	Delegates Email:	Learning Difficulties Y/N *

* Please inform us of any learning difficulties the delegate may have & we will contact you on receipt of the booking form to discuss any assistance we may provide

PAYMENT

Payment in full is required before attendance at any exam, please select your preferred method of payment:

<input type="checkbox"/>	Invoice on account – Purchase Order Number (if applicable)	
<input type="checkbox"/>	Cheque (made payable to BPCA)	
<input type="checkbox"/>	Credit/Debit Card - please enter details below, we will contact you for further information prior to taking payment	

Name on Card:	Card No:
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Amount:	(all fees are listed on our website, www.bpca.org.uk)
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CANCELLATION

Cancellations can only be accepted on receipt of written instruction and are effective from the date received by the BPCA. Charges will be applied as per the table below:

Working days prior to exam	BPCA/RSPH(Level 2) Award in Pest Management	All other exams
More than 15 working days	No charge	No charge
10-15 working days	100% of exam fee	No charge
5-10 working days	100% of exam fee	50% of exam fee
Less than 5 working days	100% of exam fee	100% of exam fee

I confirm I hold the relevant authority and authorise BPCA to process this booking in accordance with the instructions given on this form and agree with the cancellation terms stated above.

Signature:	Print Name:
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Position in Company:	Date:
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