



LIBRARIANS' DAY BOOKING FORM

Please complete one form for each person/course. You may photocopy this form as often as you wish.

Please complete all parts of the form in BLOCK CAPITALS

MR/MRS/MISS/MS First Name _____ Surname _____

NAME OF SCHOOL _____

ADDRESS FOR CORRESPONDENCE _____

POSITION HELD _____

TELEPHONE NUMBER Work _____

Home (for emergency use only) _____

EMAIL _____

SPECIAL REQUIREMENTS e.g. Dietary or physical _____

Title of Course School Librarians' Day at Heath Educational Books

Date Thursday 5th October 2017

COURSE FEE including lunch/refreshments £ 15.00 (standard rate VAT will be added)

SLA member/non-member (please delete as appropriate)

I enclose payment of/official order for invoice £ _____ Voucher code if applicable _____
(Please make cheques payable to the School Library Association)

Please tell us how you heard about this course _____

SIGNED _____ DATE _____

HOW TO BOOK	
Fax to 01793 481182	Telephone 01793 401153
Post to School Library Association 1 Pine Court, Kembrey Park Swindon SN2 8AD	Email courses@sla.org.uk <i>Please include all the above booking details</i>
Online www.sla.org.uk/course-bookings	
<i>Applications will be processed and places will be confirmed in writing</i>	

OFFICE USE received _____ paid _____

Receipt/invoice number

Our ref. (member/non-member)