



School Library Association

## BOOKING FORM FOR SLA TRAINING

(September 2017 to July 2018)

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

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Title of Course \_\_\_\_\_

Venue \_\_\_\_\_ Date \_\_\_\_\_

COURSE FEE including lunch/refreshments £ \_\_\_\_\_ +VAT

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

Post to School Library Association  
1 Pine Court, Kembrey Park  
Swindon  
SN2 8AD

Telephone 01793 401153

Email [courses@sla.org.uk](mailto:courses@sla.org.uk)  
*Please include all the above booking details*

Online [www.sla.org.uk/course-bookings](http://www.sla.org.uk/course-bookings)

*Applications will be processed and places will be confirmed in writing*

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OFFICE USE received \_\_\_\_\_ paid \_\_\_\_\_

Acknowledged  Receipt / invoice / questionnaire  / travel directions sent \_\_\_\_\_

Receipt/invoice number

Our ref. (member/non-member)

WEB  
BKG