



IoS ACCREDITED SEMINAR - DELEGATE FORM



Please complete in BLOCK CAPITALS and return with payment

Participant Name Mr / Mrs / Miss / Ms _____

Date of Birth _____

Home Telephone _____ Mobile / Work Tel _____

Address _____

_____ Post Code _____

Email Address _____

Please note that confirmation of acceptance at being booked onto the course maybe sent by email

Please tick if you would like to be informed of future courses/seminars running in your Area

Seminar Title _____

Seminar Venue _____

Seminar Date _____

Voucher Attached (Swim21/Licence) Number _____ IOS Member _____ IOS No. _____

Affiliated Club Member: Y / N _____ If yes name of club: _____ Cheque or PO no. enc _____ £ _____

Cheques made payable to Institute of Swimming – Cheques should not be post dated

**PLEASE PUT YOUR NAME AND ADDRESS ON BACK OF CHEQUE AND ATTACH CHEQUE FIRMLY TO FORM
PLEASE NOTE THAT YOUR CONFIRMATION MAYBE SENT BY EMAIL IF YOU HAVE SUPPLIED YOUR EMAIL ADDRESS**

Please state any health/medical or learning needs of which the Seminar presenter should be made aware of:

Data Protection Act (DPA): The IOS will process the data and hold the data securely in accordance with the DPA. [and the data will be used to administer you as an IOS delegate].
 This booking is non-transferable
 If for any reason the course is cancelled a full refund will be issued
 Delegate fees may be refunded only in the event of illness/injury.
 I agree to abide by the General Rules and Conditions for the use of the Centre.
 I understand that I partake at my own risk.

Signed _____ Date _____

Completed Applications and full payment to be sent to:

**Sam Greasly
 IoS Seminars
 Sport Park, 3 Oakwood Drive
 Loughborough
 LEICS LE11 3QF**

OFFICE USE ONLY

Total Fee Received	£	Date Confirmation Sent	Email / Post	Processed by	
Method of Payment	<input type="checkbox"/> Cash	<input type="checkbox"/> Card	<input type="checkbox"/> Cheque	<input type="checkbox"/> Full Funded	<input type="checkbox"/> Part Funded <input type="checkbox"/> Website
Invoice Req	Invoice Paid	Member Ref	Integra	Y/N	