

BOOKING FORM



COMPANY NAME(S): _____

COMPANY ADDRESS: _____

YOUR NAME: _____

YOUR TEL: _____

YOUR EMAIL: _____

TEAM NAME: _____

NO. OF TEAM MEMBERS (MINIMUM OF 8, APPROX MAXIMUM OF 12): _____

I CONFIRM WE WILL HAVE A MINIMUM OF 8 TEAM MEMBERS, INCLUDING AT LEAST 2 FEMALES:

PREFERRED METHOD OF PAYMENT FOR £80 ENTRY FEE:

CHEQUE (PLEASE ENCLOSE) INVOICE REQUIRED

OTHER (PLEASE STATE) _____

WE WILL BE ALLOCATING PLACES ON A FIRST COME, FIRST SERVED BASIS.

TO SECURE YOUR PLACE, PLEASE COMPLETE AND RETURN THIS FORM AS SOON AS POSSIBLE BEFORE FRIDAY 8TH APRIL 2011, TO:

RACHEL FAULKNER
WORKPLACE HEALTH COORDINATOR
NHS CORNWALL & ISLES OF SCILLY HEALTH PROMOTION SERVICE
KERNOW BUILDING, WILSON WAY
POOL, REDRUTH
TR15 3QE

TEL: 01209 313419

EMAIL: RACHEL.FAULKNER@CIOSPCT.CORNWALL.NHS.UK



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