

Please return the completed form to technical@deltamembranes.com

Once this form has been submitted, an acknowledgement email and invoice will be issued. Your course place will not be confirmed until full payment is received.

PLEASE COMPLETE USING BLOCK CAPITALS

Company Name:

Address:

Telephone:

Contact Name:

Email Address:

Please Reserve:

places on this course

Course Title:

Course Date:

Cost:

£140.00 +VAT Per Person

Total Value of Booking £

LOCATIONS

Delta Head Office

North

NAME OF PERSON COMPLETING FORM

Contact Name:

Email Address:

TERMS AND CONDITIONS

By signing this booking form ("Form") you are offering to enter into a contract with Delta Membrane Systems Limited ("the Company") for the provision of the training services in consideration for the price and on the terms and conditions as set out in the Form.

The Company may at any time and without liability make changes to the training programs, dates or venues.

The Company shall not be responsible for any loss of, or damage to your cars or personal belongings at the Company's premises.

For training at your site if, in the opinion of the Company's trainer, your site is unsuitable due to poor location, poor environment, lack of equipment, lack of health and safety etc. then the training will not take place.

You shall accept full responsibility for all statutory requirements placed upon you by the relevant governing bodies and the Health and Safety at Work etc. Act 1974 including the maintenance and safety of vehicles, plant, machinery, protective clothing and all applicable insurance including any loss, injury or damage sustained during the course of training, or arising out of neglect and/or breach of statutory duty by you or in any other way.

All training and training materials are provided in English language.

Dietary Allergies:

Refreshments and lunch are provided at courses held at Delta Training Premises. Please remember to advise us of any allergy requirements by contacting Delta on 01992 523 523 or email orders@deltamembranes.com. You will need to notify us of these requirements each time you attend training.

For payment by Debit/Credit Card contact us on 01992 523 523 and payment can be made over the telephone.

Attendee Names:

- 1
- 2
- 3
- 4
- 5
- 6
- 7

Head Office:

Delta House, Merlin Way, North Weald, Epping, Essex, CM16 6HR
01992 523 523 | info@deltamembranes.com | www.deltamembranes.com

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	Type C Waterproofing/ Registered Installer	Sump Pump Management	Koster Waterproofing	Ground Gas Protection	Delta Amphibia	Delta Roof Guard
January						
February	Friday 17th	Friday 10th			Thursday 23rd	
March	Friday 24th	Friday 17th	Wednesday 8th Thursday 9th	Wednesday 22nd		Wednesday 1st
April	Friday 28th					
May	Friday 26th	Friday 19th	Wednesday 10th Thursday 11th		Wednesday 24th	
June	Friday 30th					Wednesday 7th
July	Friday 28th	Friday 14th		Tuesday 18th		
August						
September	Friday 22nd	Friday 15th	Wednesday 7th Thursday 8th		Wednesday 13th	Wednesday 27th
October	Friday 27th					
November	Friday 24th	Friday 17th	Wednesday 9th Thursday 10th	Wednesday 22nd	Wednesday 15th	
December						

