

Fashion Retail Academy

Short Courses Booking Form 2009 / 2010

Course Title

Please tick the box of the Short Course that you would like to attend.

Introduction to Visual Merchandising £290 inc VAT	Date of intense 3 day course:..... Date commencing evening course.....	<input type="checkbox"/>
Introduction to Buying and Range Planning £290 inc VAT	Date of intense 3 day course:..... Date commencing evening course.....	<input type="checkbox"/>
An Introduction to Styling £290 inc VAT	Date of intense 3 day course:..... Date commencing evening course.....	<input type="checkbox"/>
Introduction to Fashion PR £290 inc VAT	Date of intense 3 day course:..... Date commencing evening course.....	<input type="checkbox"/>

Applicant Details

Please write clearly using **BLOCK CAPITALS**. Information given here, including any names given, will be used on the certificate you will receive on completion of your course. Please ensure that the correct name is given and that the spelling has been thoroughly checked.

Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other:	
Surname:		
Forename(s):		
Date of Birth:	_ _ / _ _ / _ _ _ _	
Gender:	Female <input type="checkbox"/> Male <input type="checkbox"/>	
Home Address:		
Post Code:		
Email Address:		
Telephone: (Please tick the priority number you wish to use)	Home: <input type="checkbox"/>	
	Mobile: <input type="checkbox"/>	
Nationality:		
How would you prefer to be contacted?	<input type="checkbox"/> Email <input type="checkbox"/> Telephone	
How did you hear about the FRA Short Course Programme?		
Why are you completing the short course?		

Method of Payment

Please select payment type from the options below. Please note that all payments must be received **prior** to the course commencing and confirmation will be sent through two weeks before start date.

- Cash (In-person only)
- Cheque (Please make payable to **FRA Enterprises Ltd**)
- Employer Sponsorship (Please attach company purchase order to booking form)
- Bank Transfer/Bankers Draft (Reference number required. FRA bank details are available on request. Please note that £15 will be added to cover bank charges)

Card Payment

Please select card type:

- Credit Card Debit Card

Please give card company name (e.g. MasterCard/Visa etc): _____

Please complete information in full for payment to be successful:

Full Name printed on card:

Card no. _____

Security no: (last 3 digits on reverse) ___ __

Expiry date: (dd/mm/yyyy): ___ / ___ / _____

Start date: (dd/mm/yyyy): ___ / ___ / _____

Issue No (if stated on card): ___

Booking Conditions

Please read the booking conditions attached carefully before signing the following declaration.

I the undersigned agree to abide by the booking conditions and understand that they shall take effect on receipt of booking form by The Fashion Retail Academy

Signed: _____

Date: _____

Should you have any questions about this booking form, please call **0207 307 2345**.

Please return your completed form to:

FRA Short Courses
The Fashion Retail Academy
15 Gresse Street
London W1T 1QL

