

# Life Support Medics

## Course Booking Form

### INFORMATION

To ensure that your course runs smoothly we need some information from you. Please fill in the fields below.

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### YOUR CONTACT INFORMATION

Name

Business Name

Email

Phone Number

Address

City

Post Code

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### Course Details

Please select the course you require.

Course

Date Required

No. Delegates

Special  
Requirements

Course Venue

Use one of our venues (No extra cost incurred)  
Use your own Venue (No extra cost incurred)

Venue Address

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## Extras

Please Let us know if you would like to tag on any extras

Courses and  
Supplies

Epipen Course Addon  
Accident Book  
AED Unit

AED Course Addon  
First Aid Kit  
Other

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## Access Information

Instructions for  
gaining access to  
your premise

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## Facilities on site

Please let us  
know what  
facilities you  
have on site

Projector  
Tea & Coffee  
Parking  
Other

Projector Screen  
Shop or cafe

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Thank you for taking the time to fill this form out. This will ensure the minimal of fuss when we start your course. if you have any questions or comments please don't hesitate to contact us.

Please return this form back to [info@lifesupportmedics.com](mailto:info@lifesupportmedics.com)