

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.

YOUR CONTACT INFORMATION

Name

Business Name

Email

Phone Number

Address

City

Post Code

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

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

Access Information

Instructions for
gaining access to
your premise

Facilities on site

Please let us
know what
facilities you
have on site

Projector
Tea & Coffee
Parking
Other

Projector Screen
Shop or cafe

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