**ST. JOSEPH’S COLLEGE**

**London Road, Trent Vale**

**Stoke-On-Trent, Staffordshire, ST4 5NT**

**B O O K I N G F O R M**

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| **COURSE:** |  |
| **DATE(S):** |  |

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| --- | --- |
| **Delegate name:**  |  |
| **Job Title:** |  |
| **Delegate email** (required for joining instructions): |  |
| **Dietary/Access Requirements:** |  |

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| --- | --- |
| **School name/Organisation:** |  |
| **Address:** |  |
| **Postcode:** |  |
| **Telephone:** |  |
| **Invoice to be sent to: (name & email)** |  |

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| **Please email back to:** **TSA@StJosephsMail.com** **or Fax to: 01782 745487** |