

Training Enquiry Form

Independent Examiners Ltd

First Name:

Last Name:

Address 1:

Address 2:

Town:

County:

Postcode:

Phone Number:

Email address:

Name of your Organisation:

Your role:

*Please Specify:

What training are you interested in?

*Please Specify:

How many people are interested in this training?

Roughly what dates are you looking for?

Would you like the training to take place at your premises or ours?

Other comments:

[We will never sell or give any of your personal information to anyone. The information we gather is solely used to help us provide a better service and information to you. For additional information please see our privacy policy http://www.iel.org.uk/company/privacy_policy.htm]