

UNIVERSAL ACCESSIBILITY AUDITING PROGRAMME

BRE Scotland – course takes places on the dates of 12, 13, 19, 29 September 2005, plus one other date to be arranged in late October 2005

REPLY DETAILS

Please post or fax this form to:
Laura Walker
BRE Scotland
Scottish Enterprise Technology Park
East Kilbride
Glasgow G75 0RZ
T 01355 576200
F 01355 576210

E walkerl@bre.co.uk
W www.bre.co.uk

- Notice of cancellation at least seven days prior to the commencement of the programme will entitle delegates to a full refund less a £75.00 administration fee. If delegates are unable to provide us with seven days notice, no refund will be made. Named delegates may be substituted at any time.
- Full joining instructions will be sent on receipt of your application and payment
- We hold your details in accordance with the Data Protection Act. Occasionally we will send you information on BRE related events, publications and services. If you do not wish to receive this information please tick this box
- Reservations cannot be confirmed until payment has been received.

PAYMENT DETAILS

I wish to attend the **Universal Accessibility Auditing Programme** seminar at the James Watt Building, Scottish Enterprise Technology Park on **12, 13, 19 and 29 September plus one other date (TBA)** at a cost of £1116.25 (inc. VAT)

Fees include a course materials, refreshments and lunch on each day. Location maps will be sent to delegates upon registration. Due to the intensive nature of this course, delegate numbers are strictly limited to 18 maximum. Early booking is recommended.

Please note payment in advance only by credit card, cheque or BACS.

If you want a VAT receipt please tick Our VAT number is GB 689 9499 27

By credit card **Visa/ Delta, MasterCard, Eurocard** Expiry date:

By cheque made payable to **BRE** (Cheques must be in UK pounds (£) drawn on a UK bank)

By BACS bank details are as follows
Bank name: **Barclays Bank plc**
Address: **50 Pall Mall, PO Box 15162, London SW1A 1QB**
Account name: **Building Research Establishment Ltd**
Account number: **00606758** Sort Code: **20-65-63**
For BACS payment please use Senders Ref **CT0034**

FAX this completed form to: 01355 576210 (Please photocopy for additional delegates)

Title (Mr/Mrs/Ms) _____ First name _____ Surname _____

Organisation _____

Job title/Position _____

Address _____

Postcode _____ Country _____

Phone _____ Fax _____

E-mail _____

Please note here if you have any special dietary or access requirements _____