**PLEASE COMPLETE AND EMAIL BEFORE YOUR VISIT – you will** **receive an invoice**

 Group name……………………………… Date of Visit…………………….

*I have checked, reviewed and authorise this order to be invoiced and paid by bacs or bank transfer within 30 days of receiving the invoice. Email address for invoice…………………………………………….*

*Date……………………… Name & Position…………………………………… Signature…………………………….*

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