

## Confederation of Co-operative Housing

### *Centre of Excellence*

### Booking Form

Name of Organisation:

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Address of Organisation:

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Organisation Telephone and E-mail:

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Are you a Member of CCH? Yes / No \*

Number of Attendees:

Full Name of Attendee(s) (The names to go onto any certification involved):

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Course Title: (If booking one or more place on each of the core modules use 'All Modules')

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Course Date:

Does the attendee(s) have any dietary requirements:

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Does the attendee(s) have any requirements that will enhance their learning experience? (Access, Hearing Loop, etc.)

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Please return this form to either: [train@cch.coop](mailto:train@cch.coop) or by post to Confederation of Co-operative Housing, 19 Devonshire Road, Liverpool, L8 3TX

\*Delete as applicable