

Confederation of Co-operative Housing

Centre of Excellence

Booking Form

Name of Organisation:

Address of Organisation:

Organisation Telephone and E-mail:

Are you a Member of CCH? Yes / No *

Number of Attendees:

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

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

Course Date:

Does the attendee(s) have any dietary requirements:

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

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

*Delete as applicable