

TRAINING APPLICATION FORM

Please complete this form and return to:

Aerospace Inspection Training Ltd.
Hangar A, Gambling Close, Norwich Airport, Norwich NR6 6EG, Norfolk, UK
Tel: 01603 426165 • Fax: 01603 424019 • e-mail: aerospacetraining@yahoo.co.uk

NAME		
Family name (Surname)	Given names (First names)	
Position in Company		
COMPANY NAME		
Company Address		
Tel No.	Fax No.	e-mail
Proposer and Position in Company		Signature
Purchase Order No.		
COURSE TITLE		
COURSE DATE		
HOTEL ACCOMMODATION		
<p>AIT will make hotel reservations when requested. Although every effort is made to find suitable accommodation. AIT is not responsible for the standard of hotels and other accommodations. All payments for accommodation must be made by the student direct to the hotel concerned. Aerospace Inspection Training will not pay any account sent in by a Hotel. When Aerospace Inspection Training has guaranteed hotel accommodation on behalf of the customer, the Hotel will hold the room regardless of arrival time. In the event of a non-arrival the customer is responsible for the cost of one night's accommodation. Cancellations must be made by 2.00 p.m. on the day of arrival.</p>		
<p>Do you wish AIT to book Hotel Accommodation on your behalf at the Airport Holiday Inn or other facility?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other (<i>List available upon request</i>) _____</p>		
<p>Number of nights _____ Dates from _____ to _____</p>		
<p>Type of Accommodation <input type="checkbox"/> SINGLE ROOM <input type="checkbox"/> TWIN ROOM Please include <input type="checkbox"/> BREAKFAST</p>		

PAYMENT TERMS - FEES ARE DUE 14 DAYS IN ADVANCE OF THE COURSE

FACILITIES – It may be possible to make provision for training for disabled students. If you are disabled please bring this fact to the attention of Aerospace Inspection Training Ltd

ACKNOWLEDGEMENT	
Your booking for the above course is confirmed from _____ to _____	
A reservation has been made at the _____	
for _____ nights from _____ to _____ inclusive.	
Signed _____	AIT Centre Administrator Date: _____