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Description automatically generated with medium confidence****

**HPCA Virtual Training Course**

**Mastering Programme Initiation**

**Booking Form**

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| **Supplier details:**  HFMA  **HFMA House 4 Broad Plain Bristol BS2 0JP**  **Payment Reference:**  HPCA Virtual Training – Mastering Programme Initiation | **Bank Details:**  HFMA  Nat West  Account Number – 32715102  Sort code – 604008 |

**DATE: DD/MM/YEAR**

**Customer Details**

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| --- | --- | --- | --- |
| **Organisation Name**: |  | **Purchaser Name**: |  |
| **Address**: |  | **Delegate Name** |  |
| **Tel** **No**: |  |
| **Email:** |  |
| **Invoicing** **Address**:  (If different to above) |  | **PO/REF:** |  |
|  |  | **Credit Card Payment** | Please call HFMA on:  0117 929 4789 and press option 2 |

**Course Details**

PLEASE RETURN THIS COMPLETED FORM TO [training@hpca.uk](mailto:training@hpca.uk)

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| **DETAILS:**  Mastering Programme Initiation with Blanca Garcia-Plazas  **2 x 1.5 - hour sessions**  **PLEASE INDICATE IF YOU WILL ATTEND THE APRIL OR MAY SESSION**  **APRIL**  **Session 1 – 9th April 2024, 11:00 – 12:30**  **Session 2 – 10th April 2024, 11:00 – 12:30**  **MAY**  **Session 1 – 28th May 2024, 11:00 – 12:30**  **Session 2 – 29th May 2024, 11:00 – 12:30** | **CHARGES:** | **TERMS & CONDITIONS/DETAILS for HPCA Training:**   * Credit card payment or PO number must be provided prior to the date of the course. * No show/Cancellation fee – No refund where cancellation is received with less than 2 weeks' notice of the first module start date. * If cancellations are within 2-4 weeks, please contact us and we will discuss on a case-by-case basis. * Substitutes – tickets can be substituted to a named delegate up until 2 days prior to the event starting, please contact us with details. * If for any reason HPCA need to cancel the event, we will reschedule your booking to next cohort. * On completion of the course HPCA will issue each user with a certificate of attendance within 24 hours. |
| **Total Cost: (per person EX VAT)** | **£125.00** |  |

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| **Signed on behalf of organisation:** | **Signed on behalf of HFMA/HPCA:** |
| **Name:** | **Name:** Helen Bellis |
| **Signed:** | **Signed: Helen Bellis** |
| **Position:** | **Position:** Business Manager |

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