

**The CIMA Business Flight Simulation Certificate****Individual subscription application form**

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

**Preferred course date and location** (tick one only: see training sessions leaflet for details)

Q1 Jan-Mar 2009 Kingston-upon-Thames

Q2 Apr-Jun 2009 Kingston-upon-Thames

Q3 Jul-Sep 2009 Kingston-upon-Thames

Q4 Oct-Dec 2009 Kingston-upon-Thames

Dietary preferences or other comments: \_\_\_\_\_

I wish to enrol for the course chosen above. Please advise me if a place is available.

**Cost Summary (excluding VAT at 15%)**

Which course are you applying for?      part 1 only      part 2 only      both parts

CIMA Business Flight Simulation Certificate: part 1      £950.00

CIMA Business Flight Simulation Certificate: part 2      £950.00

Less fee reduction if both parts are booked together      (£100.00)

Less fee reduction for CIMA or BCS member (only one applies)      (20%)

CIMA    or    BCS    membership number (if applicable): \_\_\_\_\_

**Payment details**

Once I have been advised that a place on my chosen course is available, please invoice me for the course costs as set out above. I understand that my attendance on the course cannot be confirmed until full payment is received.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please post or fax your completed application form to:

Anne Stephenson, CIMA BFS Course Co-ordinator,

Metapraxis Ltd, Hanover House, Coombe Road, Kingston upon Thames, Surrey KT2 7AH

T. 020 8541 2743    F. 020 8546 2105    E. anne.stephenson@metapraxis.com

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