



# Training Day

## Booking Form

Title: .....

Surname: .....

Christian Name(s): .....

Organisation: .....

Address: .....

.....

Tel. No.: ..... Fax. No.: .....

E-mail: .....

Address for correspondence (if different from above): .....

.....

Any additional requirements, e.g. disabilities, dietary, etc: .....

.....

I enclose remittance of £..... Receipt required: YES/NO\*  
(Cheques should be made payable to **The British Records Association**)

Signature: .....

Date: .....

Please return booking forms and remittance to:

**British Records Association,**

**C/o Finsbury Library, 245 St John Street, London, EC1V 4NB**

Your details will be used to help the BRA undertake office administration in relation to this event.

**The BRA would like to provide delegates with an attendance list for this event. If you would like your name and work address to appear on this list please tick here**