

TASTER DAY BOOKING FORM



Name: _____

Surname: _____

Address: _____

Postcode: _____ Email: _____

Tel: _____ Mobile Tel: _____

Please book me a place on the following Taster Day _____

Please send your cheque for £75.00 (Taster Day) made payable to IATE Ltd to

IATE Administration Office, 2-18 Britannia Row, London N1 8PA