## NSI 30 Training & Assessment Booking Form (D)

## nationalgrid

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Preferred Training Date	ed Training Date Alternative Training Date							
Preferred Training Venue								
Dates / Venue information available	e at http://www.eusr.co.uk/							
Delegate Names		Substations						
Surname	First Name	DOB	EUSR No	I۱	/ Awareness			
ayment for training is required in advance	of course dates. A VAT invoice will be is	ssued following training completion.						
retriod of Payment - PLEASE INDICATE	ONLY (Card details not required)	Company Na	me					
			dress including Postcode					
BACS			oice address (if different from					
CHEQUE			lress) This must not be a third					
CREDIT / DEBIT CARD			iress) This must not be a third					
	I	party.						
Purchase Order Number		Contact						
		Email Addres	S					
INTERNAL RECHARGE WB	S Code to be charged	Contact Telep	ohone No					
he signatory / email sender of this information is declaring that the delegates being put forward for training have met the necessary pre-requisites.								
ull details of pre-requisites and booking conditions are available through the EUSR website www.eusr.co.uk have read and am fully aware of the pre-requisites and booking conditions.								
Signed	equisites and booking conditions.	Date			OFNID			
		Bute			SEND			