



# Booking Form

For all CPD & Network Groups

<b>Training:</b> <small>Please specify the name of the training course you would like to book.</small>	
<b>School / Setting:</b>	
<b>Contact Name:</b>	
<b>Contact Telephone:</b>	
<b>Contact E-Mail:</b>	

Delegate Name	Specific Requirements (including dietary / access)

**Payment**

I \*enclose a cheque for / wish to invoiced.  
Please make all cheques payable to "ELLEN Teaching School Alliance".  
By completing and returning this form, you agree to the terms and conditions as set out on the ELLEN TSA website.

Please return all completed booking forms to:  
**Ellenborough and Ewanrigg Infant School**  
Victory Crescent, Maryport, Cumbria, CA15 7NE  
cpd@ellentsa.org