

# COURSE BOOKING REQUEST

Please complete the following details, sign and return to Phoenix AV Solutions Ltd.

Establishment	Contact			
Address	Tel			
	Fax			
	Email			
Course Ref <i>(Phoenix AV Use)</i>	Course Title			
Training Location	No. of Delegates	Total Fee	Preferred Date	Alternative Date

AM Session   
  PM Session   
  Full day   
  Alt Time \_\_\_\_\_

## Declaration

I have read and completed the above and agree this confirms our training requirements. I am attaching those documents indicated and payment in full.

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

Name \_\_\_\_\_ Position \_\_\_\_\_

Please ensure following forms completed and tick to indicate their return.

Board Questionnaire   
  On-site Requirements   
  Payment in Full

## Please return the completed documentation:

1. Fax: 01939 200467

2. Post: 'Hollyfields' Guinea lane, Weston-u-Redcastle, Shrewsbury, SY4 5XD

## Payment

1. Cheque: Payable to: Phoenix AV Solutions Ltd

2. BACS: Sort Code: 20-27-17 Account No: 13789918 Ref: Trg / (Your Establishment)

If you have any queries please call 01939 200467.

## ON-SITE TRAINING REQUIREMENTS

Phoenix AV is prepared to offer on-site training at your location. However, in order to ensure that the correct and professional levels of training can be given, certain in-house standards must be adhered to.

Please complete the following questionnaire and post / fax back to Phoenix AV at least 5 days before the commencement of any training.

-----

Company Name:	Contact Name:
Training Venue Address:	Tel:
	Email:
	Venue Tel:
	Venue Fax:
<b>TRAINING VENUE DETAILS:</b>	<b>AMMENITIES:</b>
1. Is the venue within a secure access area Yes / No	1. Are there washrooms close by? Yes / No
2. Is the venue a purpose built building? Yes / No	2. Are refreshments available to delegates? Yes / No
3. Is the venue a purpose built room? Yes / No	3. Is there a separate refreshment area for breaks? Yes / No
4. Is the venue within an 'open area' office? Yes / No	4. Is the same training room to be used for breaks? Yes / No
5. Is the venue / room to be shared during training? Yes / No	5. Lunch facilities (please circle) :
6. Are parking facilities available Yes / No	none / own arrangements / buffet / in-house restaurant
7. Time access available to venue / room _____ hrs	
8. Time facility closed _____ hrs	
<b>EQUIPMENT AVAILABILITY</b>	
1a. Are PCs available on-site? Yes / No	b: Are terminals - Individual / Shared
c. How Many? _____	
2. Does the facility have (please circle): Flipchart / white marker boards / projection screen / data video projector / External phone point / Network point / Electrical extension cables	
3. Is room layout for : classroom / U-shape / other _____	
4. Additional Information:	

<b>SITE ACCESS</b>	
1. Please confirm security informed of visit	Yes / No / NA
2. Please confirm parking place reserved for Trainer	Yes / No
<b>ACCOMMODATION <i>(only if requested)</i></b>	
1. Has accommodation been booked for the trainer	Yes / No
- If Yes Details:	
Name:	Booking Ref:
Tel:	
Address:	
2. Recommended Hotels :	
a. Name:	Place:
Tel:	Corporate Rate Available: Yes / No
b. Name:	Place:
Tel:	Corporate Rate Available: Yes / No
c. Name:	Place:
Tel:	Corporate Rate Available: Yes / No
<b>ADDITIONAL INFORMATION</b>	

## EQUIPMENT QUESTIONNAIRE

Company:	Contact Name:
Telephone:	Email:

The following questions will give us an indication as to what systems you are using, and potential problems and preferred training requirements.

*Please complete areas as necessary / relevant to systems held*

Type of Equipment	Software Version	No. of Systems?	No. of Locations?	Is it Installed? Wall / Stand / Not yet *
<p><b>Do you have all the following parts?</b></p> Remote Control : Yes / No / NA * Electronic Stylus : Yes / No / NA * Electronic Eraser : Yes / No / NA * Dummy Pens / Stylus : Yes / No / NA * Software CD-ROM : Yes / No / NA *	<p><b>Is it connected to PC?</b></p> Desk / Laptop * : OS _____ Printer : Yes / No / NA * Projector : Yes / No / NA * Network : Yes / No / NA * Internet : Yes / No / NA *	<p><b>Are you missing any parts? – list below</b></p>		
<p>Have you started to use the systems yet?</p> Yes / No *	<p>Which software applications do you use most in your work / presentations / training etc?</p>	<p>Have you experienced any problems with the systems to date?</p>		
<p>What level would you consider the majority of course students?</p> Novice / Basic / Experienced / Advanced *	<p>What do you hope to achieve / what do you want to learn in particular?</p>			

*\* denotes circle or delete as appropriate*

## SUPPLIER

Suppliers Name:	Date Purchased:
Where did you hear about Phoenix AV Training from?	

**Please return to Phoenix AV Solutions either by post  
or fax on 01939 200467 at least 5 days before start of course**

*\* denotes circle or delete as appropriate*