



EDUCATION ORDER FORM

DATE:	TIME:	ORDER TAKEN BY:	ORDER CHECKED/UPDATED BY:
INVOICE TO:		ACCOUNT REF:	ORDER NO:
		CONFIRMATION LETTER SENT BY:	
		DROPBOX UPDATED BY:	
CONTACT NAME:			

EDUCATION DETAILS

NAME OF COURSE:	
DATE(S):	NO. OF PLACES:
LOCATION:	PRICE:
DELEGATE NAME (S):	
DELEGATE / SALON CONTACT NUMBER:	
DELEGATE / SALON E-MAIL ADDRESS:	

Please tick if you agree to receive promotions/education updates

Signature: _____

PAYMENT METHOOD: CASH / CARD / DD / CHEQUE / CLUB MATRIX			
CLUB MATRIX CHEQUES TOTAL:		CHEQUE TOTAL:	
CASH TOTAL:		CARD TOTAL:	
CARD NUMBER:			
CARD TYPE:	VALID FROM:	EXPIRES:	SEC CODE:

PAYMENT DETAILS MUST BE TAKEN AT THE TIME OF BOOKING