The Inspire Training Group Enquiry Form

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| **Company name & Address** | **Contact person and details**  |
|  | Name: Email: Phone Number:  |

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| **Training course/s** | **Audience** | **Choose the appropriate audience** |
|  | Parents |  |
| Professionals |  |
| Mix or other (please state)  |  |
|  |
| **Number of attendees** **(1 – 15, 16 – 30 or 30+)** |  |
| **Preferred dates/s or months** |  |

*Please return the above enquiry form to* *inspire@coect.co.uk**.*

*A member of staff will be in contact to help you with your enquiry.*