



**C:ORE RISK CONFERENCE 2019**  
OUTDOOR • REMOTE • EDUCATION • EXPLORATION

## BOOKING FORM

NAME  DOB: // //

PHONE:  EMAIL:

ADDRESS

CITY  POSTCODE

OCCUPATION

ORGANISATION(S)

AREA(S) OF INTEREST IN THE CONFERENCE

WHAT ARE YOU HOPING TO GET OUT OF THE CONFERENCE?

MEDICAL ISSUES/MEDICATIONS/ INJURIES FEARS PHOBIAS THAT MAY IMPACT YOU WHILST AT THE CONFERENCE?

FOOD ALLERGIES

DIETRY REQUIREMENTS

WHERE DID YOU HEAR ABOUT THE CONFERENCE?

LINKED IN      TWITTER      FACEBOOK      WORD OF MOUTH

I HAVE READ, UNDERSTOOD AND AGREE TO THE TERMS AND CONDITIONS.

I CONSENT TO AND AUTHORISE C:ORE RISK CONFERENCE TO HOLD MY PERSONAL DATA INCLUDING SENSITIVE PERSONAL DATA AND TO USE IT TO PROCESS MY COURSE APPLICATION AND POST COURSE CONTACT AND CERTIFICATION. I CONSENT TO AND AUTHORISE C:ORE RISK CONFERENCE TO SHARE SUCH OF MY DETAILS WITH ANY THIRD PARTY NECESSARY TO SECURE CERTIFICATION FOR THE TRAINING I HAVE APPLIED TO ATTEND.

I CONSENT TO AND AUTHORISE C:ORE RISK CONFERENCE TO RETAIN MY DATA FOR THE PURPOSES OF SENDING ME MARKETING MATERIAL, SPECIAL OFFERS AND DISCOUNTS IN FUTURE.

SIGNED \_\_\_\_\_ DATES // //

Please send this course application form by email to [info@coreriskconference.com](mailto:info@coreriskconference.com)



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