

Course Endorsement Application

Name of Course :				
Type :	Commercial / Non Commerc	ial please de	elete as appropriate	
Applicant :				
	1			
Invoice Address :				
L	1			
Please confirm :				
If the course is theoretical		YES / NO	please delete as appropriate	
Contains Live Scanning		YES / NO	please delete as appropriate	
Location of Course :				

Course Director :			
Name	Qualifications		
<u>List of Faculty</u>			
Name	Qualifications		
Target Groups :			

Please send your form to bookings@bmus.org

Signed

Date