



CIMA Academies booking form

Completed forms should be returned to: conferences@cimaglobal.com

Course details

Course name*
.....

Course date*
.....

Delegate details

I am a CIMA member

Contact ID
.....

Title
.....

First name
.....

Last name
.....

Job title
.....

Email*
.....

Company*
.....

Address*
.....
.....

Town*
.....

County
.....

Post code*
.....

Dietary requirements
.....
.....

Have you attended a CIMA CPD Academy previously?

Yes No

If yes, please state name and year of academy attended.

Payment details

Please invoice

Purchase order number:
.....

Invoice address (if different to above):

Company name
.....

Contact name
.....

Address
.....
.....

Town
.....

County
.....

Post code
.....

Email
.....

Telephone
.....

*Compulsory fields

Terms and conditions

Please tick to confirm you have read and agreed to the Terms and conditions available at:
cimaglobal.com/Events/Terms-and-conditions/

Data protection

The information you provide in this form will be used to process your course booking. For details of our privacy policy please visit: cimaglobal.com/Privacy-Policy/

Please return completed forms to:
conferences@cimaglobal.com

E. conferences@cimaglobal.com
T. +44 (0) 20 8849 2251
cimaglobal.com/conferences