
RIBA CPD Providers Network Seminar Booking Form

Practice Name
Your Name
Job Title
Fax Number
E Mail
Phone
Address:

Name of RIBA CPD Provider(s) we are interested in:

1. _____
2. _____
3. _____

I would like (please tick, circle or delete)

- A seminar at our premises
(estimated size of audience) _____
- To attend an approved factory tour
- To receive your approved CPD literature
- To receive your general product literature
- To attend a seminar in the region
- A call from a representative to discuss a project
- Other _____

We have these facilities (please tick, circle or delete)

- Conference room
- No facilities
- A projector screen
- A 35 mm slide projector
- An overhead projector
- A multimedia projector
- The ability to darken the room

Please fax back to the Provider directly. Information is available at
www.architecture.com or www.ribaproductselector.com

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Registered Charity Number 210 566
VAT Registration Number 232 351 891

*call charged at 50p per minute