



# MPES

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Student Details		Company Details (if company sponsoring )	
Mr/Mrs/Ms/Miss (Other)		Company Name	
Name		Name of Contact	
Address		Company Address	
Daytime Tel No.			
Mobile No.		Contact Work Tel No	
E-mail Address		Contact email	
		<b>AUTHORISATION</b> Signature Position in Company	

Name of Course(s)	Date of Course(s)

**Please return this form to:**  
Manx Professional & Educational  
Services Limited  
41-45 Duke Street  
Douglas  
Isle of Man, IM1 2AU

**OR fax it to**  
(01624) 668108  
  
**OR e-mail it to**  
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