



# CREST Certification Examination Booking Form

Please complete this form and return to the address noted below.

Please note that your completion and submission of this booking form is taken as acceptance of our Terms and Conditions at the bottom of this page. Please fill in all sections fully in BLOCK CAPITALS, and use one booking form per candidate.

Certification Title	Availability / Exam Code	Examination Length / Fee
Infrastructure Certification	CCT INF	1 day £1600
Application Certification	CCT APP	1 day £1600
Specialist Certification #1	CRT	½ day £395

Candidate's Full Name: \_\_\_\_\_

Place of work: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

Candidate's mobile number: \_\_\_\_\_

Office Use Only (Candidate Reference Number) \_\_\_\_\_

Preferred Examination month (ie June 2010) \_\_\_\_\_

**Availability will be confirmed upon receipt of this booking form**

Preferred Email (essential): \_\_\_\_\_

Alternative Email: \_\_\_\_\_

**Confirmation that the candidate has NOT undertaken the examination applied for (or the CHECK Assault Course if undertaking Infrastructure Certification) within the last three (3) months. CREST notifies CESG of candidates who pass the Infrastructure Certification Examination.**

Candidate's Signature: \_\_\_\_\_

Terms and conditions:

1. Completion of this form reserves a place on the course code nominated, subject to availability and confirmation by CREST.
2. Cancellations must be made in writing to CREST (GB) Limited at the address below at least 21 days before the date of the examination in order to obtain a full refund. Another delegate may be substituted at no extra cost.
3. We reserve the right to amend or cancel any examination, and will endeavour to give adequate notice. A full refund of the course fee will be given in the event of examination cancellation.
4. No details provided on this form will be used by organisations other than CREST (GB) Limited. Candidates' mobile numbers will only be used to contact them in the case of an emergency.

**Payment details:**

Payment must be received in full with this booking form. (CREST Member Companies Only may provide a Purchase Order)

£ \_\_\_\_\_ Total

Exam Code \_\_\_\_\_

Payment method:

Invoice quoting Purchase Order Number below:

By BACS Direct Payment: Please contact CREST for Account Details.

Purchase Order Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

**Please send all correspondence to:  
CREST (GB) LTD  
Abbey House  
18 – 24 Stoke Road  
Slough  
SL2 5AG**

**Special Requirements**

\_\_\_\_\_  
\_\_\_\_\_

**CREST Member Companies can fax purchase order based booking forms to:**

**0845 686 5543**