

Investors in Excellence Standard

Registration and Booking Form

1. ORGANISATION DETAILS

Organisation name: _____

Address: _____

Town/City _____

Post Code: _____

Tel No: _____

Fax No: _____

Business Sector: Choose from list:

Website: _____

Nature of your Business: _____

2. SIZE OF YOUR ORGANISATION

Turnover (£):	
Number of sites (please include locations):	
Number of full-time equivalent (FTE) employees:	
Other critical personnel (e.g. volunteers, contract staff, secondees) – No. FTE	

3. KEY CONTACT (main point of contact in the organisation dealing with the IiE Standard)

Name: _____

Job Title: _____

Direct Tel No: _____

Email: _____

4. IiE COMMITMENT (please state the exact details to appear on the IiE Commitment certificate)

Organisation name: _____

Signatory: _____

Position / Title: _____

5. IiE SUBMISSION – TIMINGS (please state proposed month and year for assessment)

6. FACILITATED DIAGNOSTIC (please tick the box if required and we will contact you to agree a date and make the necessary arrangements)

Facilitated Diagnostic required

7. PRICES & PAYMENT DETAILS

Commitment - The price to cover IiE Commitment is dependent upon the size of the organisation, as determined by the number of full time equivalent employees (FTE), as follows:

< 11 FTE	£250 + VAT
11 - 50 FTE	£550 + VAT
51-250 FTE	£650 + VAT
> 250 FTE	£750 + VAT

Facilitated diagnostic – price varies based on requirements – please discuss and agree with IiE
Requirements: _____
Price: £_____

Invoice address (if different from main address given on page 1)

Please quote Purchase Order number if required: _____

8. TERMS OF BUSINESS

This booking is subject to our Terms of Business as varied by us from time to time. A copy of the current Terms of Business can be found on our website www.investorsinexcellence.com and is also available via our office. In addition, payment is due in advance of delivery of a Facilitated Diagnostic. Cancellations or amendments must be received in writing at least 7 full working days before the event is due, otherwise the invoice will be due in full. In the event that you require a postponement to the event(s), we reserve the right to make an additional administration charge.

9. AUTHORISED SIGNATORY

Signature: _____

Date: _____

Name: _____

Title: _____

Please complete and return form via email (iie@investorsinexcellence.com),
or Fax/Post to the address below.