**Booking Inquiry Form.**

Please complete and email to: [info@deafandequal.com](mailto:info@deafandequal.com) along with any specific questions that you may have. You will be contacted directly.

Company Name:

Name of Contact within company:

Address:

Address of training venue (if different from above):

Email of Contact:

Telephone number of Contact:

**What would you like us to provide?** [Delete of not applicable]

I am inquiring about Legal Compliance training

I am inquiring about Deaf Awareness training

**Duration of training?** [Delete if not applicable]

I require a full day of training [7 hours]

I require a half day of training [3 hours]

**How many attendees?** [Delete if not applicable]

1 – 10 people

11 – 20 people

21 – 30 people

30 – 50 people

50+ people

**Reasonable Adjustments.** Will any adjustments be required? [Delete if not applicable]

No

Yes [please specify]