

# Private Examination Centre Date Booking Form

## IMPORTANT

- 1 COMPLETE IN BLOCK CAPITALS ONLY.**
- 2 THIS FORM NEEDS TO BE COMPLETED AND SIGNED BY THE REGISTERED CENTRE COORDINATOR.**
- 3 If the registered centre coordinator has changed please contact LAMDA Examinations before completing and submitting this Date Booking Form.**
- 4** A session\* is defined as one or more consecutive days of examinations or two or more separate days of examinations within seven days from the first examination date.
- 5** If you cancel your examination session or amend an existing booking to another date then you will forfeit the booking fee for the original date. You will need to pay a new booking fee if you change the date.

## Private Centre Details

LAMDA Examinations Private Centre Code (If a new unregistered centre write 'new')		Registered Centre Coordinator Name	
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## I wish to book the following date(s) for the above Private Centre

	TERM Autumn = Aug-Dec Spring = Jan-Apr Summer = May-Jul	First Choice Date(s)				
		Estimate of Examining Hours per day	Day (s) of Week (e.g. Monday)	Date(s)	Month	Year
Example	Autumn	6.5 per day 12.0 per day	Monday Tuesday	5th 6th	October	2008
Session* one						
Session* two						
Session* three						

## or second choice date(s) if first choice not available

Session* one						
Session* two						
Session* three						

## Booking Fee

Can be paid by cheque made payable to LAMDA Ltd or by credit/debit card by completing a *Credit/Debit Card Payment Instruction Form* on the reverse (Credit/Debit card transaction Administration Charge applies).

- Please write your centre code on the back of all cheques.
- If you require a receipt (for proof of payment) you must enclose a stamped addressed envelope.
- Do not submit this form to LAMDA Examinations without enclosing full payment. Current booking fee is available from the LAMDA office.

Number of sessions* booked		x Booking Fee	<b>Total Due</b>	£
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I the above named Centre Coordinator hereby agree that I am responsible for all entries, fees, answering any queries relating to this private centre date booking.


I the above named Centre Coordinator hereby declare that I agree to abide by the regulations published in the current Examination Syllabus Specifications and Guide for Centres and Teachers.

**Signature of Centre Coordinator** \_\_\_\_\_ **Date** \_\_\_\_\_

# Credit / Debit Card Payment Instruction to LAMDA

Return to:

FAO LAMDA Examinations  
155 Talgarth Road  
London  
W14 9DA

<b>Centre Code</b>		<b>Exam Session Date(s)</b>	
<b>Candidate Name (if applicable)</b>			<b>Candidate Pin Number</b>
<b>Name as printed on card</b>			
<b>Cardholder's billing Address</b>			
<b>Billing Postcode</b>			
<b>Contact telephone number</b>		<b>e-mail</b>	
<b>Card number</b>			
<b>Valid from date</b>		<b>Expiry date:</b>	
<b>3 digit Security code On signature strip</b>			<b>Issue no (if applicable)</b>
<b>Card type</b>	Visa Debit / Visa Credit / MasterCard / UK Maestro / Switch / Delta / / Electron / Solo		
<b>Payment</b>	<b>Booking Fee / Examination Fees / Publications / Other</b>		£
	<b>Plus card transaction administration charge:</b>		£ 1.00
	<b>Total amount payable:</b>		£
<b>I the card holder authorise LAMDA Ltd to debit the above card with the total amount payable</b>			
<b>Card Holder Signature</b>		<b>Date</b>	
<b>Please provide any additional information below:</b>			

For LAMDA Examinations Department use:

Authorisation Number	Processed By	PDQ Transaction Number	Transaction Date	Centre Code	Session Code	Nominal Code	LES Reference
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