



# Institute of Professional Investigators

## TRACING COURSE

Please complete in ink in BLOCK CAPITALS.

Title (Mr, Mrs etc)	<input type="text"/>	Address	<input type="text"/>
First name and initials	<input type="text"/>		<input type="text"/>
Last name	<input type="text"/>	Post Town	<input type="text"/>
Preferred name (if different)	<input type="text"/>	Post Code	<input type="text"/>
Email address	<input type="text"/>	County	<input type="text"/>
Telephone Number	<input type="text"/>	Country	<input type="text"/>
Fax Number	<input type="text"/>		
Mobile Number	<input type="text"/>		

IPI Tracing Course Fee:  
Total £175.00

### PAYMENT

We can accept payment by cheque OR Credit Card, if via cheque, please forward the necessary sum with this completed form. If via Credit Card please complete the following prior to submission of this form.

VISA

MASTERCARD

please tick box as appropriate

Please note your Credit Card number here

Expiry Date

3 Digit Security No  
*on reverse of card*

I authorise the IPI to debit my credit card with £ \_\_\_\_\_ (please insert sum)

Name on the Card \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

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