HOTEL & HOSPITALITY SERVICES

AA



AA Trainin	g Appli	cat	tion For office use only Initials
1. Establishment details Establishment name: Address: Postcode: Contact name and job title:			Workshop details Are there any specific dates you would prefer to have your training workshop(s) scheduled?*: YES NO *DATE CONFIRMATION IS SUBJECT TO AVAILABILITY If YES, please provide details: Is there a specific reason for your workshop training? General assessment of service levels I Gap analysis for reclassification of rating Other:
Tel no (inc area code): Email address:			3. Payment We require payment for all training and consultancy services to be included with this application form.* Please choose your method of payment: Cheque
 2. Restaurant workshop • Rosette academy (full day only): • Restaurant academy (full day only) 	From £3,600.00	/AT)	Please make cheques payable to Automobile Association and send together with this form to: AA Hotel Services, Fanum House, Basing View, Basingstoke RG21 4EA Total amount: £
Training workshops			Credit/debit card You will recieve an invoice. Please telephone credit control on 01256 492424.
Prices from: Full Day £2,400.0 • Wine & bar service: Full day: • Hospitality & service workshop:	0 Half Day £1,200.00 Half day:		BACS Please transfer the total amount to the bank details below quoting HOTEL SERVICES TRAINING as your reference: Barclays Bank Plc
Full day: Revenue management workshop: 	Half day:		Sort code: 20-05-00 Account number: 73431398 Total amount: £ PLEASE POST YOUR APPLICATION FORM TO: AA HOTEL SERVICES
Full day:□• Housekeeping quality:Full day:□• Quality awareness:	Half day: Half day:		CUSTOMER SUPPORT. FANUM HOUSE, BASING VIEW, BASINGSTOKE RG21 4EA. *Establishments may be invoiced after the services has been provided for additional expenses incurred. Please refer to Clause 13 in the Terms & Conditions or contact AA Hotel Services for further information.
Full day: Image: Concierge, butler & valet training: Full day: Image: Concierge, butler	Half day: Half day:		4. Declaration I apply for the establishment named to receive the training workshop(s) selected. I confirm the information provided is correct
 Red Star Workshop: Full day: Five Star Workshop: Full day: 	Half day: Half day:		and that I accept the terms and conditions set out overleaf. SIGNED: NAME: POSITION: DATE:
• Telephone & complaint handling:	Half day:		For more information on the consultancy and training courses we offer, please visit: www.theaa.com/hotel-services/training-and-consultancy