

ERGONOMIC ASSESSMENT BOOKING CONFIRMATION

COMPANY/CLIENT INFORMATION

Company/Client Name:

Full Address where the Assessment will be Conducted (include additional info such as dept. name, floor number, buzzer #, etc.):

Contact Person:	Contact Phone #:	Contact Email:
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Date and Time of Assessment:

Type of Assessment and Quantity:

EMPLOYEE INFORMATION

Full Name:	Phone Number:	Email Address:

CANCELLATION POLICY

We require at least 48-hours' notice should you need to cancel or change your ergonomic booking. If 48-hours' notice is not provided, you will be responsible to cover the full amount of the assessment. Please do not hesitate to let us know if you have any questions or concerns.

CREDIT CARD INFORMATION TO SECURE BOOKING (Visa or MasterCard only)

Name on Card:	Expiry Date:
Card Number:	CVV Code:

Signature _____

Date Signed (mm/dd/yyyy) _____

** Please allow 10 business days after the assessment for your detailed report, if applicable.*