

## DAY 2 TEST BOOKING FORM

IFF Delegate Rate: £70

NAME	
D.O.B	
ADDRESS	
MOBILE NUMBER	
EMAIL ADDRESS	
PASSPORT NUMBER	

<b>FLIGHT DETAILS</b>	
DATE & TIME OF DEPARTURE TO UK	
DATE & TIME OF ARRIVAL TO UK	
FLIGHT/TRAIN OR FERRY NUMBER	
COUNTRY TRAVELLING FROM	

**CONSENT:**

I hereby consent to have my test undertaken by the pharmacist on duty, and understand this is the collection of a sample and has no direct correlation with the outcome of the test. The sample is tested in Laboratory and JP pharmacy can not be held accountable for any issues regarding testing and/or delayed results. All information provided is true and accurate to the best of my knowledge. I agree and understand the fee payable is non-refundable.

SIGNED.....

DATE.....