

# COMPUTER TRAINING REGISTRATION FORM



Please complete by **typing** information in all required fields and send via email.

## Organisation Details

Organisation \_\_\_\_\_  
 Department \_\_\_\_\_  
 Billing Address \_\_\_\_\_  
 Suburb \_\_\_\_\_ Post Code \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Email \_\_\_\_\_

## Registration Details

Name of Attendee(s)	Training Course(s)	Software Version	Course Date(s)

Contact telephone number for Attendee: \_\_\_\_\_

## Authorised By (must be completed)

Name	Position	Telephone or Email

## Important

Have you read the course outline(s) relating to the course(s)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you read the booking terms and conditions?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

## Where did you hear about First Class Training?

\_\_\_\_\_

## What are your main objectives for enrolling in the course(s)?

\_\_\_\_\_