

COMPUTER TRAINING REGISTRATION FORM



Please complete and send via email.

Organisation and Billing Details

Organisation _____
Department _____
Billing Address _____
Telephone No for Accounts _____
Email Address for Accounts _____

Registration Details

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

Emergency mobile contact number of 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		No	
Have you read the booking terms and conditions?	Yes		No	

Where did you hear about First Class Training?

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