



TRAINING WORKSHOP REGISTRATION FORM

Location of Training Workshop: _____

Title(s) of Workshop(s):	Date(s) of Workshop(s):
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Title (Mr. Ms. Dr. Etc.):	First Name:	Surname:
Company Name:	Work Email:	
Job Title:	Contact Telephone:	
Company website address:	Duration in company:	
Company Address:	No. of Staff reporting to you (if any):	
Type of Industry:	No. of employees in company:	
Responsibilities:		

Previous Training (if any):

What do you wish to gain from this Workshop?
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Signed: _____ Date: ____/____/____

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Payment is required 24 days before the programme commences. Cancellations received in writing more than 14 days before the programme date will be refunded 70% of programme fee. We regret that no refunds are allowed for cancellations or transfers received within 14 days or for non attendance. Substitutions any time.