

## TRAINING COURSE REGISTRATION FORM

Please complete all sections and return to Testia Limited (see details in footer)

### SECTION A: Personal and Payment details

Full Name (as you would like it to appear on your certificate)	
Employee Badge Number (if applicable)	
Position in Company	
Course Title	
Training Course Date (to be confirmed by Testia)	
Company Name	
Telephone Number	
Fax Number	
E-mail	
Invoicing Address	
Proposer and Position in Company	
VAT Number	
<b>Payment Terms:</b> <b>Payment is due prior to the session, you will not be able to attend the session if payment is not received.</b> <b>Any cancellations between 14 and 8 calendar days prior to the session will incur a 50% charge.</b> <b>Any cancellations Equal or less than 7 calendar days prior to the session will incur a 100% charge</b>	

### SECTION B: Emergency Contact details

Name of Contact	
Contact Number	
Relationship	

### SECTION C: Other

Please specify if you have any dietary or religious requirements.	
Please specify if you have any specific requirements for building access.	
Please specify if you require any taxi services?	