

ENROLLMENT FORM TRAINING

PARTICIPANTS DETAILS

Only fill out this section if there are more than one participant.

Name : _____
(to be used for Training
Certificate)
Job Title : _____
Company Name : _____
Company Address : _____
E-mail : _____
Phone Number : _____

CUSTOMER AUTHORIZATION

Client's Authorizer

Name : _____
Job Title : _____

Signature : _____
Date : _____

Terms and Conditions:

1. Please copy and use separate enrolment form for different person for our administration record.
2. Please refer to your Accounting Department for any details on VAT and payment information.
3. The signature of the "Client's Authorizer" is essential.
4. A completed enrolment form must be received seven working days prior to the class to confirm attendance on a course.
5. The payment must be received five working days prior the training.
6. An original invoice from MITRAIS will be sent to your company by mail after receiving your payment transfer receipt.
7. We reserve the right to cancel scheduled courses without financial obligation. Should course cancellation become necessary, we will attempt to notify registrants at least one week prior to the scheduled training start date.