



Training Booking Form

- 1. Name: Position:..... Course:
- 2. Name: Position: Course:
- 3. Name:..... Position:..... Course:
- 4. Name: Position:..... Course:
- 5. Name: Position:..... Course:

Company name: Business type:

Contact person: position:

Telephone: email:

Where did you get the information from:

Address for invoice:.....

Tax I.D. :

Cancellation : Please inform with in 7 days otherwise the full amount will be charged.