Complete and send through to Aphelion Solutions Registration

training@aphelion solutions.com



## **CORPORATE COURSE REGISTRATION FORM**

	Gene	eral Information		
Company Name:				
Company Address:				
e-mail				
Phone				
Fax				
Invoice Details				
Name of the				
Authorized Person				
COURS	E and P	ARTICIPANT DE	TAILS	
Course Name	Course Date	Participant Name	Job Title	Course Price
		<u>T01</u>	TAL COURSE PRICE	
Payment to be wire transferred	t			
Please note: Your booking will	only be confir	med upon receipt of payme	nt.	
Cancelation Policy				
If we receive your cancellation of the course fee. If we receive the full course fee. Cancellation must always be m course participants will be info	your cancellat	ion 5 working days or less be If, for exceptional reasons, a	efore the course starts	s, we will charge
<u>Signature</u>				<u>Date</u>
(signature)				