Training Registration Form

Please complete the below form to confirm your registration for the desired program and email it to enquire@handover.consulting

# Organization Information

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization Name** |  | **Head Office** |  |
| **Industry** |  | **No. of Employees** |  |
| **Phone No.** |  | **Website** |  |

# Program Information

|  |  |
| --- | --- |
| **Program Name** |  |
| **Program Location** |  | **Program Date** |  |
| **How did you hear about the program?** |  |
| **Please share your “Learning Objectives” from this program in order for the Trainer to address them** |  |

# Participant Information

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Job Title** |  |
| **Areas of Specialty**  |  | **Years of Experience** |  |
| **Current Location** |  | **Mobile** |  |
| **Personal Email** |  | **Business Email** |  |
| **Signature/****Company Stamp** |  | **Date:** |  |

# Terms and Conditions

* Registration requests must be submitted at least 7 calendar dates prior to the program’s date.
* Payments for the desired programs must be made in advance.
* Payments are accepted through Bank Transfer, Online Payment (Credit Card), or Company Check.
* Registration cancellation requests must be sent at least 15 calendar days prior to the program’s date. Additionally, cancellation requests received shorter than 15 calendar days from the program’s date will be subject to 25% cancellation fee.