



## **TRAINING ENROLLMENT FORM**

### **COURSE INFORMATION**

*Course Name* : \_\_\_\_\_

### **PARTICIPANT INFORMATION**

*Company Name* : \_\_\_\_\_

*Mailing Address* : \_\_\_\_\_

*Email* : \_\_\_\_\_

*Phone #* : \_\_\_\_\_ *Fax #* : \_\_\_\_\_

*Company Website* : \_\_\_\_\_

*Name of Participant* : \_\_\_\_\_

*Job Position* : \_\_\_\_\_

*Job Responsibilities* : \_\_\_\_\_

### **PAYMENT METHOD**

*Purchase Order Enclosed*

*Cheque Enclosed*  *Make cheques payable to: ILLUMINAT (T&T) Limited*

*Please indicate by ticking the appropriate box.*

### **MANAGEMENT APPROVAL**

**By signing below, I acknowledge that all Training Terms and Conditions have been accepted.**

*Date* : \_\_\_\_\_

*Print Name* : \_\_\_\_\_

*Title* : \_\_\_\_\_

*Authorised Signature* : \_\_\_\_\_

*Please Return this form to ILLUMINAT with Purchase Order or Cheque at Least Ten (10) Business Days Prior to Commencement of Course for Registration Confirmation*