

Training Enrollment Form

Please fill in all information in block script.

Please fax this Enrollment Form to us, and then we will send you a confirmation letter and an invoice of it.

This enrollment is regarded as your consent to our training agreement>(*See our homepage).

<input type="checkbox"/> Enrollment <input type="checkbox"/> Waiting list	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;">Salesperson's Name</td> <td style="width: 40%;"></td> </tr> </table>	Salesperson's Name	
Salesperson's Name			

Course Title	Today's Date	
Start Date1	Alternative Start Date2 (First choice for waiting list)	
Course Code	Alternative Start Date3 (Second choice for waiting list)	

Student Enrollment Information

Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.		
		ID No. (Internal use)	— —
Company Name		Department	
		Title	
Address	〒 —	Tel	— —
		Fax	— —
		E-mail	

Enrollment Requestor Information same as student

Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	←An addressee of a confirmation letter	
		ID No. (Internal use)	— —
Company Name		Department	
		Title	
Address	〒 —	Tel	— —
		Fax	— —
		E-mail	

Invoice Information same as a student same as a requestor others

Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	←An addressee of an invoice	
		ID No. (Internal use)	— —
Company Name		Department	
		Title	
Address	〒 —	Tel	— —
		Fax	— —
		E-mail	

MEMO	Internal Use	DB#	WEB
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