

REGISTRATION FORM

Please return this form by email • academy@caduceum.co.uk

TRAINING

Ref Title
Date Price € before tax:

PARTICIPANT(S)

Surname	Name	Job title	Email

COMPANY

Reg. No. Company name.....
Adress
Tax code..... City/Country

Legal representative (signatory of agreement)
 Ms Mr Surname Name

Email

Training manager (if different)
 Ms Mr Surname Name

Job title Department

Adress

Tax code City/Country

Direct phone number: Email

PAYMENT METHOD

The employer agrees to pay the Training Organisation the sums mentioned above upon receiving an invoice. No discount will be given for payment in cash. Payment by a funding organisation: You are responsible for verifying that your training can be charged to your OPCA, applying for its funding, and forwarding its approval to us before the training begins.

OPCA
Adress
Tax code City/Country

If applicable: Purchase Order No

For all new registrations, please attach an extract from your Kbis to this form.

Place Date Company stamp
Surname Signature
Name

