

REGISTRATION FORM

Business Name: _____

Manager Responsible Name:

Contact Telephone Number: _____

Date: _____

Payment Plan – Tick the appropriate box to indicate which Payment Plan is most suitable for your Institution. *Choose either Plan A or Plan B.*

A. B.

Number of Participants registering -

Participants name	Job Title	Name of Program

NAME AND SIGNATURE: _____

PAYMENT PLAN

PLAN A	- 100% of fees paid upfront
PLAN B	- 50% of fees at the beginning of the program - Balance of fees to be paid on last day of program
NOTE ó Companies registering (3) persons will automatically receive a 10% discount	
NOTE - Companies registering five(5) or more persons will automatically receive 12% discount	

DISCOUNT ARE APPLICABLE ONLY IF PLAN A IS CHOSEN