



TRAINING REGISTRATION FORM

Course Title

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|--|-----------------------------|--|
| | Personal Information | |
| | First Name: | |
| | Family Name: | |
| | Telephone: | |
| | Email: | |

| | | |
|------------------------------------|----------------------------------|----------------------------------|
| Training session preference | | |
| Day <input type="checkbox"/> | Evening <input type="checkbox"/> | Weekend <input type="checkbox"/> |

| | | | | |
|-----------|---|-----------------|------------------|--------------|
| | Sponsor's Information | | | |
| | Is the Training sponsored by Third Part? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| | If Yes, Provide the Details. | | | |
| | Sponsor's Name: | | | |
| | Telephone: | | | |
| | Email: | | | |
| | Relationship With Sponsor: | | | |
| | Key Contact Person: | | | |
| No | Names | Position | Telephone | Email |
| 1 | | | | |

| | | | |
|---|-------|-----------|-------|
| Is there any other Delegated from the Sponsor? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| If Yes, Provide the Details. | | | |
| No | Names | Telephone | Email |
| 1 | | | |
| 2 | | | |
| 3 | | | |



SKILLS HUB INTERNATIONAL LTD

TERMS AND CONDITION

Delegate Cancellations –All delegate cancellations must be received in writing and subjected to the following condition;

- For any cancellation received 2 working day before the start of a training course, Skills Hub International Ltd will issue 100% credit for the value paid to be used for up to one year form the date of issue to any future Skills Hub International Ltd Seminar.
- For any Cancellations received less than 5 working days before the date of the training course, the full fee will be payable and no refund or credit note will be given.
- If the registered delegate does not cancel and fails to attend the training course, this will be treated as a cancellation and no refund or credit note will be issued
- Delegates substitutions are welcome-Please notify us 2 days before the event.

SKILLS HUB INTERNATIONAL LTD CANCELIAATION AND POSTPONEMENT POLICY

In the event that Skills Hub International Ltd cancels the event delegate’s payment will be refunded. If to an event where Skills Hub International Ltd postpones an event, delegates payments at the postponement date will be credited toward the rescheduled date, if the delegate will be unable to attend the scheduled event, the delegate will receive 100% credit representing payment made towards a future event. This credit will be for up to one year from the date of issuance. No refund will be available for postponements; Skills Hub International Ltd is not responsible for any loss or damage as a result of a substitution, alteration or postponement of an event. Skills Hub International Ltd shall assume no liability whatsoever in the event this training course is rescheduled or postponed due to fortuitous event, Act of God, and unforeseen occurrence of any other event that renders performance of this training course impracticable. For purpose of this clause, a fortuitous event shall include, but not be limited to; war, fire labour strike, extreme weather or other emergency.

| DAYS OF TRAINING | |
|---|--|
| FIVE DAYS TRAINING INCLUDES: REFRESHMENTS, TRAINING MATERIALS, TUITION AND CERTIFICATE | |

| METHOD OF PAYMENT | |
|-------------------|--------------------------|
| Bank Transfer: | <input type="checkbox"/> |
| Cash Deposit: | <input type="checkbox"/> |
| Cheque: | <input type="checkbox"/> |
| MoMo Pay: | <input type="checkbox"/> |

. IN ORDER TO SECURE YOUR REGISTRATION, PAYMENT IS DUE IN FULL UPON RECEIPT OF INVOICE.

Confirmation – Your registration will only be confirmed until such time as payment is received and may be subject to cancellation

Right of Admission – Skills Hub International Ltd reserves the right to refuse admission to the training course where evidence of full payment cannot be shown.

AUTHORISATION

The signatory must be authorized to sign on behalf of the company.

APPLICATION FOR REGISTRATION AND ACCEPTANCE OF TERMS AND CONDITIONS

I acknowledge that I have read and understood all of the payment methods polices and terms and conditions and I hereby apply for registration on behalf of myself(if a single delegate) or on behalf of the under mentioned organization which I am duly authorized to represent;

Name _____

Job Title _____

Name of Organization _____

Date _____

Signature _____