

Participant Registration Form

Please fill out this form to register for any Training provided by Amfin

Participant Name	
Participant E-Mail	
Company Name	
Company Address	
Company Postcode	
Telephone	
Does the participant have a PRI Assessment Centre User ID ?	Yes/No
Please indicate any special requirements (dietary, access, other)	
Course Title	Choose an item
Course Date(s)	
Quote Number	
Payment Method	Choose an item
PO Number (*when applicable)	
Invoice Address (if not the same as company address)	
Invoice Postcode	
Accounts Payable Contact Details (Name, E-Mail, Telephone)	
Preferred way to receive the invoice	
Registered No (For UK Ltd Company)	
VAT No (For Customer Located In EU):	
<p><i>Please note that any course registration is not complete until payment is made</i></p> <p><i>*Purchase Orders are available to Registered Amfin Customers Only</i></p>	

By signing this form, I agree to the terms and conditions

Date	
Signature	