

TRAINING COURSE REGISTRATION FORM

COURSE INFORMATION:

Course Name:	Location of Training:	Date:
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STUDENT INFORMATION:

First Name:	Middle Name(s):	Surname:
NCC Membership Number (if applicable):	Date of Birth (MM/DD/YYYY):	
Mailing Address: (Street #, P.O. Box #, Town, Province, Postal Code)		
Tel:	Cell:	E-Mail:

EMPLOYER INFORMATION (IF APPLICABLE):

Company Name:		
Managers Name:		
Company Invoice Address:		
Company Tel:	Fax:	E-Mail:

PAYMENT INFORMATION:

TOTAL PAID: _____ **DATE:** _____

CASH <input type="checkbox"/>	CHEQUE <input type="checkbox"/>	INVOICE <input type="checkbox"/>
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SIGNATURE: _____ **DATE:** _____

REFUND POLICY

- Learners must notify Komatik Training Solutions of their intent to withdraw or cancel at least 5 days prior to the start date of a course to be entitled to a full refund.
- If the learner notifies Komatik Training Solutions with the intent to withdraw or cancel less than 5 days prior to the course start date, the learner will forfeit their course fees.
- A learner who registers for a course, does not notify Komatik Training Solutions of their intent to withdraw, and does not attend any classes, will be deemed a “no show” and will forfeit their course fees.
- In the event that Komatik Training Solutions cancels a course offering, learners will receive a full refund.