



**TRAINING WORKSHOP REGISTRATION FORM**  
**ONLINE TRAINING**

<b>Title (s) of Workshop (s):</b>		<b>Date (s) of Workshop (s):</b>
<b>Title (Mr. Ms. Dr. Etc.):</b>	<b>First Name:</b>	<b>Surname:</b>
<b>Company Name:</b>		<b>Work Email:</b>
<b>Department:</b>		<b>Contact Telephone:</b>
<b>Job Title:</b>		<b>Where did you hear about the College:</b>
<b>Company website address:</b>		<b>Duration in company:</b>
<b>Company Address:</b>		<b>No. of Staff reporting to you (if any):</b>
<b>Type of Industry:</b>		<b>No. of employees in company:</b>
<b>Responsibilities:</b>		

<b>Previous Training (if any):</b>
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<b>What do you wish to gain from this Workshop?</b>
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Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Bristol Business College, **Head Office:** Gate House, The Generals, Penallt, Monmouth, NP25 4RX  
**Tel:** 0845 555 10 30 **Fax:** 0845 2809101 **Email:** [info@bristolbusinesscollege.com](mailto:info@bristolbusinesscollege.com)

Payment is required 24 days before the programme commences. Cancellations received in writing more than 14 days before the programme date will be refunded 70% of programme fee. We regret that no refunds are allowed for cancellations or transfers received within 14 days or for non attendance. Substitutions any time.