



## **TRAINING WORKSHOP REGISTRATION FORM**

**Location of Training Workshop:** \_\_\_\_\_

|                                 |                                |
|---------------------------------|--------------------------------|
| <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>Job Title:</b>                |                    | <b>Contact Telephone:</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> |
|------------------------------------|

|   |
|---|
| <b>What do you wish to gain from this Workshop?</b> |
|---|

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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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.