SURE TRAINING 2022

**REGISTRATION FORM**

**PROGRAMME:** **Sustainable and Resilient Enterprise Programme**

**VENUE:** Online via **Zoom Meeting** and **ECA’s e-Campus CYCLE:** Select a Cycle

**COST (per person):** $2,495.00 plus vat (ECA Members), $2,995.00 plus vat (Non-Members)

**How did you hear about this programme?** *(Please Select):*  Direct Email/Call  Referral  Social Media *(Which Social Media Site? Select.)*  Newspaper Ad  Other Please Specify.

**CONTACT PERSON:** Name of Contact Person.

**Phone:** Please Specify. **Mobile:** Please Specify. **Email:**  Please Specify.

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**COMPANY NAME:** Enter Company Name, only if Company is to be invoiced.

**ADDRESS:** Please Specify.

**COMPANY SIZE** *(Please Select):*  Small (less than 25 employees)  Medium (26 to 50 employees)

Large (51 to 100 employees)  Large (101 to 300 employees)  Large (300+ employees)

**INDUSTRY:** Enter Main Industry.

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|  | **PARTICIPANT NAME** | **POSITION** | **EMAIL** |
| **1** | Please Specify. | Please Specify. | Please Specify. |
| **2** | Please Specify. | Please Specify. | Please Specify. |
| **3** | Please Specify. | Please Specify. | Please Specify. |

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| **ADDITIONAL PARTICIPANTS** (Please include Name, Position and Email Address) |
| Click Here to add additional participants. |

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**TERMS**

* Payment in full is required before the start of this programme.
* Payment can be remitted to the **Employers Solution Centre** via online bank transfer, Linx/Credit Card (in-person only), cash and cheque.
* Cancellation within two (2) working days (or less) of the start of this programme will incur liability for 25% of the full programme cost.
* All cancellations should be communicated via email to lrosales@employerssolutiontt.com or communications@ecatt.org

By signing below, I certify that I have read and agreed to all the terms of this registration.

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| **AUTHORISED BY:** | Person authorising this form. | **DATE:** | Select date. |
| **POSITION:** | Please Specify. | **SIGNATURE:** |  |

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| **OFFICAL USE ONLY** | | | |
| **Training Department** | | **Finance Department** | |
| Date/Time Received: | Please Specify. | Date/Time Received: | Please Specify. |
| Invoice Sent? | Choose an item. | Invoice Number: | Please Specify. |
| Team Lead Approval: |  | Finance Signature: |  |