 T/A PROFESSIONAL TRAINERS INSTITUTE

 9 Cecelio Avenue, Kingston 10, Jamaica, W.I.

 Tel: (876) 969-3402 / Cell: (876) 849-3237

 Email: trainingconsultantpti@gmail.com

**REGISTRATION FORM**

**Course Title:**

|  |
| --- |
| **Date:** **Time:** **Cost:** **Registration Fee: Nil:** |

|  |  |
| --- | --- |
| **Name of Organization:** |  |
| **Address:** |  |
| **Contact Person & Position:** |  |
| **Contact’s Telephone Nos:** |  |
| **Contact’s Email Address:** |  |
| **Name of Participant**  | **Position** | **Cell. No.** | **Email Address** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**(Please photocopy for additional names)**

**Authorized by**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Special Note:** Please be aware that payments for courses are required to be made at least one (1) week in advance of the start of the course. Cancellation 48 hours prior to the start of course will attract 50% of the fees. There will be no refund if participant does not turn up on the day of the course. If a course is cancelled by Professional Trainers Institute payment will be refunded in full.

Please make payments to: **HAMILTON’S COLLEGE OF PROFESSIONAL TRAINING LIMITED**

 ***“Training for Increased Productivity and Self-Development”***