

Instructor Led Training Attendee Registration Form

SERVICES & TRAINING

Title:	First Name:		Surna	me:		
Company Name):		Phone	e:		
Email:			1			
Address:						
City:		State:			Postcode:	
Purchase Order	# / Payment Type:	1			1	
COURSE SELEC	TION:					
COURSE SELEC Course Cat No.	TION: Description:			Date:	Course Locati	
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(1) receipt of the completed training registration form, and

(2) payment prior to the course date, or receipt of purchase order from approved Corporate Accounts.

Fees: Course fees are payable in advance and cover the cost of tuition, course materials, equipment and lunch/refreshments. Course fees are shown in Australian dollars including GST and are subject to change without notice.

Cancellation: Requests for cancellation must be received in writing and must be acknowledged by NHP. Full refund available for cancellations received at least 10 working days prior to course commencement. The full course fee will be charged for cancellations received under 10 working days. Suitable substitutes are welcome. A full refund of fees will be applicable should NHP cancel the course or transfer to an alternative date and participants are unavailable for the alternative date

Course Documentation: Published course descriptions are for general reference only. Course documentation and printed material provided in training courses is copyrighted and may not be reproduced without prior written consent. No audio or visual recording of training courses, or of personnel teaching such courses, may be taken or reproduced electronically without prior written consent.

General: NHP reserves the right to change course schedules, discontinue courses, modify course content, limit class size and cancel courses.

CUBIC Switchboard System Courses: I agree to be bound by the conditions of the Accreditation levels as distributed by NHP. I also confirm my responsibility to ensure that conformance to the CUBIC documentation is adhered to. This Accreditation does not exonerate my responsibilities in the compliance with the relevant standards, the carrying out of routine testing and the adopting of 'Industry Best Practice' in the manufacture of quality switchboard products. I acknowledge that any Accreditation Certification provided is only valid whilst I am employed at my nominated company above and can be transferred at the discretion of NHP.

Signed (Attendee): ____

Date:

Please send this registration form along with your purchase order/payment details NHP Electrical Engineering Products (Australia) Pty Ltd <u>ast@nhp.com.au</u> or by fax on 1300 NHP FAX