



Training Registration Form

Course Title: _____

Venue: _____

Timings: _____

Nomination Details

Company Name: _____

Address: _____

Tel: _____ Fax: _____

Contact Person with Designation: _____
[if different from nominee(s)]

Nominations:

Sl.	Name of the Nominee	Designation	Contact Details
1.			
2.			
3.			
4.			

Registration Fees:

- These special discount are available for companies which pay upfront without terms
- 3 or more nominations from the same company division – 5% discount on registration fees.
- Early Bird Discount – 5% on Registration Fees for registration 15 days before the training

Payment Details:

Total Fees enclosed: _____ (in words _____)

DD / Cheque No. _____ Dated: _____

in favor of (_____).
Name: _____ Designation: _____ Signature: _____

- Please make additional photocopies of this Registration Form, if required.
- Once registration is accepted, cancellation will not be permitted and no refund request will generally be entertained, but substitution of participant by another will be considered.
- Neither eACT nor the organizer will be responsible for any cancellation of the training or Change of the venue due to any unforeseen reasons. In the case of cancellation only the amount collected if any towards the registration will be refunded to the candidates.

Force Majeure. Neither party shall be liable hereunder by reason of any failure or delay in the performance of its obligations hereunder (except for the payment of money) on account of strikes, shortages, riots, insurrection, fires, floods, storms, explosions, acts of God, war, governmental action, labor conditions, earthquakes, material shortages or any other cause which is beyond the reasonable control of such party.