

se×plained[®]

Training - REGISTRATION FORM

Your Name _____

Your Address (home) _____

Town _____

County _____

Country _____

Post Code _____

Your Mobile Phone Number _____

Your Home Phone Number _____

Your Work Phone Number _____

Your E-mail - personal _____

Your E-mail - work _____

Your Work Title _____

Your DATE OF BIRTH _____ day _____ month _____ year

Student Number (if already registered with us) _____

IDENTIFICATION

- proof of address (utility bill etc) seen: Yes / No

- photographic ID seen: Yes / No

Unit(s) codes for which you are registering _____

Payment: Received : yes / no

Card Payment

WorldPay

name

address

post/zipcode

country

telephone

email

Payment Type set to CARD

description

your reference

currency

amount

card number

security code

valid from

expiry date

issue number

reset

logout

help

go!