SUSTAINABLE AND RESILIENT ENTERPRISE (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 TTD plus vat (ECA Members), $2,995.00 TTD plus vat (Non-Members)

$427.88 USD (CEC Members)

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

**CONTACT PERSON:**

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COMPANY NAME:** Please specify.

**ADDRESS:** Student or Company address.

**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:** Please Specify.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Participant Name** | **JOB TITLE** | **EMAIL** |
| **1** | Please Specify. | Please Specify. | Please Specify. |
| **2** | Please Specify. | Please Specify. | Please Specify. |

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 terms and that all statements on this registration are true and correct.

|  |  |  |  |
| --- | --- | --- | --- |
| **AUTHORISED BY:** | Please Specify. | **DATE:** | Select date. |
| **JOB TITLE:** | Please Specify. | **SIGNATURE:** |  |

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