

New Era Computer Training Centre

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LEARNER REGISTRATION FORM

In order to register, please complete this form. Please use **BLOCK CAPITALS** and **tick** where appropriate.

Learner's Full Names, as per ID: (to appear on the certificate)		
ID Number:		
Gender:	<input type="checkbox"/> Female	<input type="checkbox"/> Male
Learner's special needs (if any):	Sight	Learning
	Hearing	Dietary requirements
	Mobility	Other(Please Specify)
Program/Courses names register for:		
Program/Course starting date:		
Which Version of MS-Office and Windows are you using:	MS-Office: <input type="checkbox"/> 2003;	<input type="checkbox"/> 2007; or <input type="checkbox"/> 2010
	MS-Windows: <input type="checkbox"/> XP;	or <input type="checkbox"/> 7
Client Details:	<input type="checkbox"/> Corporate	<input type="checkbox"/> Private
(1) Company or Private Name:		
(2) Company Contact Person:		
(2) Telephone number:	W:	H:
(3) Contact Cell phone – important:		
(4) Fax Number:		
(5) E-mail address:		
(6) VAT Registration No.:		
(7) Authorized Person: (person responsible for payment):	Name:	
Authorized Position:		
Department / Section:		
Direct Tel No.:	W:	Cell:
Email Address:		
Company or Private Postal address:		
Payment Terms:	<input type="checkbox"/> Prepaid; or <input type="checkbox"/> Company Authorized Order No. _____	
(8) Company General Tel No.:		
(9) Contact Person:		
(10) Contact Email Address		
Completion Date:		
Name and Signature:		