

Certificate in Automatic Data Capture Standards

Name(s)	Email
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____

Address (Business/home)

For company group bookings of more than four people please photocopy enrolment forms to provide all names and e-mails. This is essential for the e-learn element of the course.

Job Title(s)	Years Experience
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____

Employer _____

Employer's EAN Membership Number _____

Payment Details – Tick preferred payment method and complete details

1. Cheque enclosed \$ _____

2. Visa Card Payment \$ _____

Card No.

Signature _____ Expiry Date _____

3. Company Direct Debit \$ _____ Direct Debit Form Enclosed